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The Journal of
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VOL. XI SPRING, 1957 No. 1

THEISM AND MATURITY

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When dealing with religious issues, most psychiatrists have tended toward a humanistic orientation. Fromm's book, *Psychoanalysis and Religion,* for example, expresses this view repeatedly, ". . . the question is not whether man returns to religion and believes in God but whether he lives love and thinks truth . . ." The validity of this distinction, however, may be challenged by a reinterpretation of psychiatric data themselves. That is, a theistic orientation can be considered an indispensable basis for optimum development of such personality attributes as realistic thinking, independence, brotherly love, courage, and humility. It is the purpose of this paper to outline the pertinent psychological data and reasoning involved in this assertion.

To learn to live by adult motivations, the individual must be emotionally prepared to absorb the better principles of living which will be presented

Based on an address delivered at the Harvard Hillel House, April 29, 1956.

NOTICE: See page 64 for an important announcement.

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to him in the course of his education. Religious influences may serve to protect this fundamental receptivity against an important potential source of psychological disturbance, namely, the pressures of unconscious impulses stemming from childhood. That is, an emotional relationship to God—whether arrived at by means of institutionalized religion or otherwise—can facilitate freedom of the individual from the unfavorable effects of his deep-seated childish impulses. Once this basic freedom is achieved, the natural sequel is realism in thinking and behavior, one of the essential attributes of emotional maturity. To consider further these effects of religious experience, it is necessary to review some relevant aspects of the dynamics of personality formation.

To begin with, a child's feelings are characteristically intense in his demand for gratification. He wants what he wants and he wants it now. If he feels deprived, he is profoundly miserable. If he is satisfied, he is exultantly happy. Among the most obvious of these intense childhood emotions are dependency feelings. The child's elemental self-preservative instincts are committed in this attachment to parents who supply his food, protection, love—gratifications of all kinds. Accordingly, he can manifest explosive fright and anxiety when this relationship is threatened. When frustrated in his profound craving for parental love, he is extremely unhappy and resentful. An excessive lack of affectional relationships in early life often leads to major psychoses and outspoken delinquent behavior. The need for parental affection must be a powerful instinct indeed, if its improper development can wreak such havoc with the personality. Fears also should be mentioned among the intense emotions of childhood. Almost everyone finds it impossible to live with completely uninhibited children. Limits must be set and discipline in some measure must exist. Thus, along with the love of parents, the child usually develops a sense of fear or respect for them.

The nature of the adult temperament is largely determined by the further elaboration of these important childhood feelings of love, dependency, and fear. One possibility is that they will be influenced minimally by external, environmental stimulation or direction, during the latency period and the 'teens. In this case, these childhood feelings are gradually weakened in regard to parents and become more remote from consciousness, but they persist in their original intensity in the adult mind, substantially influencing behavior. Since they always tend to seek expression, these childhood feelings continually require an expenditure of a large part of the individual's emotional energy to be maintained in a repressed state. The drain resulting from this inner conflict may leave him apathetic or lacking in forcefulness in his actions, precluding an optimum level of achievement.

Another group of problems result when these childhood impulses find an inappropriate object, having partially escaped repression. Dependency feelings, for example, may still be expressed in relation to other people who represent parental figures. The person with this tendency, being

overly desirous of support and help from others, fails to employ his own native capacities. A subtle variant of this type may be the apparently brilliant research worker who fails to realize his own full potential but accomplishes something only in an excessively subordinate role.

Material objects provide another frequently found attachment for childhood dependency feelings. This may be considered a modern manifestation of idolatry for people who are devoted to such things as cars, jewels, fancy clothes, money, etc. A certain coldness and lack of compassion are familiar attributes in the resulting personality.

Serious personality difficulties are also generated by childhood fears persisting into adult life. The resultant disproportionate anxieties detract from one's morale and capacity to deal effectively with life situations. This handicap may fail to become manifest if a person is fortunate enough to escape severe stress. He may seem quite adequate in the management of his affairs until his deficit comes to light conspicuously with unexpected misfortune. It is always disturbing to see a formerly competent person become uncontrollably fearful and panicky when confronted by major illness, severe economic loss, or other hardship. We may presume then that childhood fears have been active in him perhaps at unconscious mental levels and have been triggered into awareness by the external traumatic incident. The mature person, on the other hand, enjoys a considerable advantage in this respect, since he can usually manage threatening circumstances realistically and courageously, unhampered by gnawing childhood fears.

The suppression of childhood love feelings can lead directly to excessive shyness, or discomfort about perceiving and expressing affectional feelings; and indeed to outspoken hostile behavior, if the defense of overcompensation is employed. In addition, these infantile affectional feelings may find partial expression in regard to people or material objects. These attachments are restrictive for personality development because they emphasize the subordinate and childish element in the person's manifest love relationships. One of the characteristics of personal maturity is a warm, outgoing, giving affectional attitude, which is lacking in the cold or hostile person—as well as in the idolater or hero-worshipper.

Mention should be made of another pathological object choice: the person who focuses all these expressions of childhood awe, dependency, and affection upon himself. We all know the unlovely characteristics of people who are afflicted with the pride that results from this unfortunate trend. There is a tendency toward arrogance, presumption, domineering, contemptuous, and psychologically destructive behavior in regard to their fellows. For example, the father and mother who act as if their children are their personal possessions are gravely inhibiting the character formation of their offspring. The ideal parental attitude is that of a trustee or steward to allow their children full development of independent thought and capacity to assume responsibility.

Accordingly, we can see that childhood emotions may become manifest in many unsatisfactory ways so that they undermine an individual's relationships with family, friends, and community—as well as efficient work-capacity. Even when his early years are characterized by favorable intra-family relationships, his later adjustment may well be below his optimum because of unsatisfactory defense against or expression of these inner psychic forces which have curtailed his freedom to relate to life in an adult and complete manner.

Now let us consider the influences of constructive religious experience in regard to these feelings. In our culture, the growing child usually accepts as an actuality the existence of an omnipotent Creator and attempts to relate himself to this entity as prescribed in the Judeo-Christian tradition. If he is emotionally responsive in a positive manner to this influence, his childhood needs will tend to be channelized in a certain direction away from attachments to father and mother or to the petty substitutes for these figures which have been established in his psyche. This is a vital weaning process. If the person feels his way toward a deep adoration of, fear of, and dependency upon God, his behavior may be freed of these infantile components in regard to people. This can result in attitudes of independence, courage, or fearlessness, and a healthy capacity for mature affectional feelings in regard to his interpersonal relations. It can also allow full use of the person's natural psychic energies which are not required, in this case, for repression or control of powerful childhood impulses. The infantile drives which were previously exerting pressure from within can now flow toward their appropriate object without need for restraint or control. Thus an emotionally toned (rather than a purely intellectual) theistic orientation can result in a marked thrust toward psychological maturity and freedom, apparent in the person's social behavior.

To center our attention upon the attainment of emotional maturity may seem to be an opportunistic use of religious resources. The religionist would be likely to assert that the proper motive for working out one's relationship to God should be simply a disinterested desire to serve, whether or not one benefits psychologically as a result. However, our formulation is consistent with this viewpoint, as well as the psychologist's. Starting from a theistic position, we can state that the relationship to God as defined in the Judeo-Christian tradition is the natural and appropriate avenue for open and affirmative expression of certain psychological forces which are present in the personality. If this outlet is denied, these emotions are dammed up and cause damage to the psyche by exerting pressures with unfavorable effect upon other relationships. This process may be difficult to discern, but in the long run is manifest as some form of emotional immaturity. Therefore, it is quite legitimate to be concerned about a person's relationship to God when his level of psychological maturity is being evaluated or influenced.

We must acknowledge, however, that only a limited number of people

are affected in this ideal way, even among those who are considered to be "religious." These childhood feelings, for example, may fail to form the ideal patterns which have been described because of the marked inertia and anxiety involved. In this case an effective religious identification is precluded even when basic child-parent relationships and later religious practice have been entirely favorable. In other cases, the important childhood feelings might be entirely inaccessible to religious influence because of their entanglement in conflicts and repression resulting from early intra-family tensions, hostilities, frustrations, and other stresses. Realizing the pitfalls and false turns which exist along this road to maturity, the psychiatrist can play a crucial role by helping the individual to mobilize his childhood affectional, dependent, and apprehensive feelings, thus facilitating their channelization toward God. Another opportunity is available, accordingly, for the person who has failed to achieve his optimum emotional maturity in response to the usual influences of his formative years. His psychological immaturities may still be corrected by means of the uncovering techniques of psychotherapy combined with the fulfilling qualities of religious experience. This approach reflects the integral connection postulated here between a wholesome relationship to God and a mature attitude in regard to interpersonal relations.

THE CENTENARY OF THE BIRTH OF FREUD

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> Pastoral counseling with individuals is profiting greatly from the wisdom brought into the Church by psychiatric science and depth psychology. We do not need to become Freudians to learn something from Sigmund Freud.—T. O. Wedel [1]

It was my privilege to attend last year a colloquium commemorating the birth of Sigmund Freud.[2] It was conducted by the Dean and Chapter of the New York Cathedral and its Forum on Religion and Psychology, and was held on May 5, 1956, in the Cathedral Close, in observance of the one hundredth anniversary of Freud's birth. The speakers at the afternoon session were Professor Will Herberg and Gregory Zilboorg, M.D., while the Rev. J. V. Langmead Casserley, Professor of Theology at General Theological Seminary in New York, presented the evening address.

The three addresses were excellent. The discussions were all lively and never beside the point. The most exciting of the three was the extempore address by Dr. Zilboorg. The by-play connected with his inability to place a quotation from his own book, which was given by Professor Herberg, was a delight to all. Even more delightful to the interested observer was the manner in which mature psychiatrists disagree, and not without the ardor and conflict of emotional involvement. Dr. Zilboorg was a student with Sigmund Freud and is generally rated as one of the most outstanding exponents of the works of Freud in the United States today. A recent convert to Roman Catholicism, he had been giving a course of lectures on "Psychoanalysis and Religion" at Fordham University.

That this conference on Freud, on the occasion of the one hundredth anniversary of his birth, was held under the auspices of a religious denomination generally regarded as "conservative," and that the conference included a religious service specifically related to this Centenary, even

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I am grateful to Principal R. H. L. Slater, Ph.D., of Montreal Diocesan Theological College, and to Dean J. S. Thomson, of the Divinity Faculty of McGill University, for reading this manuscript and for helpful suggestions.

[1] "Group Dynamics and the Church," *Journal of Pastoral Care,* Vol. IX, 1955, p. 207.

[2] Attendance at this colloquium was by invitation. The author was the only Canadian present.

though Freud's name was not mentioned in it, did not occur without considerable comment. For it is true that history has tended to label Freud as atheistic, and certainly Christians generally have tended to reject his works as having nothing positive or constructive to say regarding religion. However, careful consideration of what he did have to say on the subject is a comment about religion that cannot be just ignored; its inherent truth may not be without its own peculiar contribution to the psychology of religion. We are in a better position to understand Freud's attitude toward religion if we see it in the setting of the man himself and his general point of view.

Sigmund Freud (1856-1939)

Since Freud was strikingly reticent about himself, we must depend upon the writings of those who knew him in order to know what manner of man he was. Dr. Ernest Jones, of the London Clinic of Psychoanalysis, knew him intimately for more than thirty years.[3] Dr. Jones tells us he was a man of great vitality. He had strong and deep feelings. Potentially very passionate, he exercised superb control over his emotions. He was extremely loath to show his tender feelings, which were counteracted by an inner reserve and concealed by a self-protective layer of apparent hardness. Control was not easy for him; the effort at times induced a certain amount of tension which found an outlet in a variety of psychosomatic symptoms. A flawless married relationship and happy family living sustained him all through his adult life. Dr. Jones remarks that he had never known a family where the common frictions were so completely absent. The Freuds had six children. Sigmund Freud has been described as an exemplary husband and father. He had a special fondness for children, and was lenient toward their misdemeanors and difficulties.

Dr. Jones found him an easy man to get along with, and very tolerant—and he should know, for he had not a few occasions to differ from him on a number of important conclusions. There was an entire absence in Freud's personality of anything resembling pomposity or arrogance. He was inherently modest, having not the slightest pretensions to being a great man. He loved simplicity in everything. He had a great fund of kindliness, and evidences have come to light since his death to indicate that he helped and encouraged in many ways a great number and variety of people, and surreptitiously aided financially not a few of them. Dr. Jones says that he never knew him to perform an act that could in any way be called cruel or mean or even unkind. He apparently had a great capacity for enjoyment. He responded heartily to certain forms of art, particularly poetry and sculpture, though he had no technical skill or detailed knowledge of them. He had a remarkable knowledge of the classics, and was especially well versed in German literature and in Shakespeare. He was widely read in the archaeological literature of Greece, Egypt, and Syria.

Two features dominated Freud's character: his courage and his in-

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[3] "Freud and His Achievements," *British Medical Journal,* May 5, 1956, p. 997.

tegrity. He had physical, moral, and intellectual courage. It was this element in him that enabled him to stay with painful and unpleasant truths until he was sure and then to defend them against fierce onslaughts. He had little use for compromise or concession. It was this in him that made him intolerant of hypocrisy, sham, and brutality.

He was a skeptic by nature. He has been described as "a tough old humanist with a profoundly skeptical mind." He was a Jew, surrounded and influenced by the "obsessively anti-Semitic culture of Imperial Austria." Yet a slight vein of superstition and credulity, Dr. Jones suggests, played an indirect but significant part in helping him to make real his discoveries; it was this that gave reality to fantasy in many instances.

It is often forgotten that Freud, in his early days, was quite a distinguished neurologist. In his studies of the Reissner bipolar cells in the spinal cord of the Petromyzon fish, he established two previously unknown significant points. He employed a new and special technique for the study of the spinal nerve cells of the crayfish, and in those studies he definitely adumbrated the neurone theory—the basis of modern neurology—some ten years before Waldeyer coined the word "neurone." As a result of a detailed historical and clinical study of cocaine, he was the first to arouse medical interest in the drug. Freud devised two notable improvements in technique for the histological researches on the medulla. He made several original and important observations regarding the "movement" of the fifth, eighth, ninth, and tenth cranial nerves. The work, however, by which Freud's name is chiefly remembered in neurology was that on cerebral paralysis in children, on which he published two volumes which still rank as a medical classic.

Psychoanalysis

That which today is called "psychoanalysis" had its origins in Freud's early studies in the psychopathology of the human mind. Not altogether accurately, but nonetheless generally acceded, the inception of psychoanalysis is dated by O. Breuer's book, "Studies in Hysteria," 1895, in the preparation of which Freud assisted. Turning from neurology Freud attended Charcot's clinic, and experimented for a few years with hypnotism. This led to the use of the method of "free association" as a cathartic technique in working with neurotic patients. The great turning-point came with Freud's intuition that "free association" was not really free, but determined in every possible respect. The subject or patient was quite unaware of most of the determining connections.

The obvious implications of this insight resulted in the two basic postulates of psychoanalysis. The first of these is that mental phenomena are completely determined. Always Freud took a naturalistic, biological view of man. Completely dedicated to the doctrine of evolution, of the mind as well as of the body, he saw no need to invest man with a spirit independent of other natural phenomena. Even the assumed undifferentiated

connections determining cause and effect were essentially of a biological nature, not unrelated to physico-chemical processes in the body. In these, "libido," the drive of nature through its male and female expressions, found both its seed-bed and the conditioning of its development. The second basic postulate, closely involved in the first, asserts that much of our mental activity, including the most powerful forces affecting man's thinking and feeling and doing, is unconscious. The evidence of dreams was Freud's classic proof of this. Dreams are the expression of hidden wishes and of the forces that are hiding them. So, he claimed, are slips of the tongue, lapses of memory. He then proceeded to establish that many psychological abnormalities, from hysteria or the sexual perversions, to the behavior of the psychotic, were inhibited or exaggerated developments of the normal processes in the growth of the personality. On these two basic postulates hang all the depths of the Freudian psychology—a body of theory concerned with the nature and development of personality and its functioning, both normal and abnormal, and derived from the study of its neurotic expressions.

We do a grave injustice to Freud's work, however, if we fail to acknowledge the other, and to some extent, the fundamental aspect of psychoanalysis. It is this aspect of it that gave rise to the structural theory and it is this aspect that persists relatively unchanged as succeeding psychoanalysts disagree among themselves and compound theory upon theory. This is psychoanalysis as the method of investigating the thoughts and feelings that lie buried deeply in the mind of the neurotic patient and of relieving the suffering caused by them. Psychoanalysis as a method of treatment never was intended to be applicable to the treatment of the psychotic. Acknowledging this means that we are unfair to the potentialities of psychoanalysis if we overlook its limitations. While it is, as Dr. E. Stengel [4] has pointed out, a method that has singular importance as an instrument of investigation, nevertheless, as a therapeutic method for widespread application, it has great limitations of area of likely effectiveness, of time, of cost, and of availability.

Dr. Ernest Jones has made clear to us that the three cardinal concepts of the superstructure of the Freudian psychological theory are Freud's concepts of the unconscious, of repression, and of infantile sexuality. Using these, Freud elaborated numerous studies of the most diverse human activities, so that, along with the unraveling of psychoneurotic symptoms, the education of children, the origins of conscience and morality, the importance of early family relationships, the sources of artistic creativeness, the evolution of savagery into our present civilization, we find also a concern for and research into the origins of religious beliefs. We are especially interested in this latter, but before proceeding to discuss that, let us briefly be reminded that Freud's influence has been very great in child psychiatry and psychology. Psychoanalysis in its development by Freud and his pupils,

[4] "Freud's Impact on Psychiatry," *British Medical Journal,* May 5, 1956, p. 1000.

especially Adler and Jung, has given impetus to the study of behavior disorders in childhood. Freud's unfolding of the place of childhood experiences in the neuroses of adults needed to be supplemented by direct studies in children. And this has proceeded apace, revealing the importance of measures of prevention for mental health. This influence of Freud was pleasantly expressed by Alfred Kazin recently when he wrote:

> On the other hand, the greatest and most beautiful effect of Freudianism is the increasing awareness of childhood as the most important single influence on personal development. This profound cherishing of childhood has opened up wholly new relationships between husbands and wives, as well as between parents and children, and it represents—though often absurdly over-anxious—a peculiar new tenderness in modern life.[5]

An editorial this past summer in the *British Medical Journal*[6] made much of this point. It said that, apart from the specific developments in medical psychology and psychiatry, perhaps the main influence of psychoanalysis has been on the upbringing of children. It stated that the importance of the young child's relations with its mother are being given more and more weight largely because of the teachings of psychoanalysis that emotional tensions in the earliest years, even months, can play a major part in creating subsequent ill-health.

Freud and Religion

Dr. Gregory Zilboorg, in his address to the New York Colloquium, claimed that Freud had a major interest in religion at all times. This, he stated, was because he saw religion as his greatest competitor in the healing of the mind. This explains why Freud, on occasion, so violently opposed and even attacked religion. While he skillfully marshalled a striking number of general observations regarding Freudian theory in the relationship to religion, not a few of us felt that he was straining at many gnats and swallowing an imaginary camel. However, in a recent article on "Psychoanalysis and Religion," no less an authority that Seward Hiltner makes the same point.[7] This author approaches his statements by referring to Freud's review of the three basic claims of religion, namely, to give information about ultimate things, to assure men of protection and final happiness, and to guide them by means of divine precept. He then indicates that Freud goes on to say that these claims are preposterous because we have no verifiable method with which to back them up. And religion, as Freud understood it, wanted no truck with such studies. Its appeal to authoritarian information, assurance, and ethics was divorced from actual observation. Why, Freud asked, should anyone be tempted to such inherently improbable ideas except by the weight of unexamined infantile needs? Thus, the root of religious ideas is wishful thinking. Hiltner makes clear that it can easily be argued that Freud made religious ideas and religious beliefs

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[5] "The Freudian Revolution Analyzed," *New York Times Magazine,* May 6, 1956.
[6] "Freud Today," May 5, 1956, p. 1027.
[7] *The Christian Register,* March 1956, pp. 14-36.

ridiculous when he literalized them. This readily suggests that what high religions like Christianity and Judaism mean and what Freud refers to are not the same things. Nevertheless, when Freud attacks the literalizations and distortions of true religious insight he cannot be considered wholly wrong. And attack them he does. Thus it is opined that Freud has negative feelings about religion; he was personally, unconsciously fighting the potentiality to the religious within himself.

Then Hiltner goes on to say that one of the astonishing things about Freud is how much attention he gave religion. This was precisely Zilboorg's central criterion. None of Freud's other dealings, Hiltner writes, outlining these, stack up in interest, or even in quantity, with the attention he gave religion. Some have erroneously commented that this was characteristic of his declining years. This is both unfair and untrue. He wrote a serious article on the similarity between religious behavior and the behavior of "obsessive" patients as early as 1907. In *Totem and Taboo,* in 1912, he suggested that social origins were religious origins. Two books, *The Future of an Illusion,* in 1925, and *Moses and Monotheism,* in 1938, deal entirely with religion. *Civilization and Its Discontents,* in 1930, deals with human culture mainly by way of religion. Freud was accused by some of leaning toward a personal acceptance of religion, so in *New Introductory Lectures,* in 1933, he took occasion to deny this. He gave more published attention, Hiltner summarizes, to religion than to anything else except the theory and practice of psychoanalysis as a therapy. The plain and simple reason for this, the author goes on to say, is that he believed "that religion was the sole possible competitor to science." The one social force that might influence man more than science was religion. And Freud held that its influence arrests man's growing understanding of the universe and of himself. So to Freud, religion was the devil, a real and powerful enemy, and it seemed best to give the devil his due in terms of serious attention.

An understanding of Freud's point of view in this matter requires that we recall that he was dedicated to the pursuit of truth as he saw it. As was pointed out above, he was an extraordinarily able neurologist, chemist, and physiologist. In his usual restless impatience for research, he moved on to another field of experimentation. He was thoroughly trained in the careful scientific method of physiology, so found it difficult to avoid seeing the body as a complex piece of machinery. This found support in his own thinking for there he was a vigorous, old-fashioned rationalist whose only religion was science itself. In his search after truth he would brook no opposition.

This very same point has been made for us in another way. Freud, it has been said, thought Jung went astray because he was lulled by the "mystical" aspect of religion; and Adler also went astray through his preoccupation with the primacy of feeling for power. But the root of the difference, and Freud's unwillingness to compromise with his students, was

always Freud's forthright insistence on the importance of "libido" or sexuality and his uncomplicated positiveness. Freud could not help himself, therefore, in preferring to emphasize the organic and the physical as against the social and the cultural.

But we have been evading the fact that must be faced. Religious people of all kinds at first tended to look upon Freud's findings with suspicion and even horror. Preachers might even in the early days wax ardent and poetic about the concept of the unconscious, as indeed many did, and absorb it into their philosophy of religion, while they damned his sexual theories. Anderson has neatly summarized this in saying that many religious leaders feared that Freud's concept of sexuality threatened the foundations of morality; they seemed to see in his teachings concerning the unconscious and free association a danger to the traditional theological doctrine of the freedom of the will. At the same time, the possibility of similarity between the "libido" of Freud and "original sin" of theology could not be entirely overlooked. A similarity was frequently proposed between the psychoanalytic technique of Freud and auricular confession of the Catholic Church. Further study and experience have tended to sharpen the differences as against the similarities.[8] However, the place of psychotherapy and confession could be a point of conflict in moral theology.[9] Others found Freud's assertion that God is a "father-image" invented by man so direct and simple as to smack of dogmatism. And he made too sweeping a claim in asserting that religion might well be a compulsive neurosis.

A brief word must be said about religion and Freudian psychoanalysis as a psychotherapeutic method. The method can be divorced from the man. Seen in this way, psychoanalysis is one among many therapeutic approaches in the professional practice of psychiatry. An editorial in *The Living Church* last year had reference to this fact when it said that "Psychiatry, as a means of treating mental and emotional disorders has for some years enjoyed the respect of informed Christian thought."[10] A recent article in *Time* graphically indicated this.[11] Indicating that Sigmund Freud, an atheist, found no place in his vision of the riddle of man for the "mass obsessional neurosis" called religion, except for its occasional help as an opiate to stifle a neurosis, the author finds, nevertheless, that "It is a measure of psychiatry's maturity as well as its penetration that religion, slowly and within stoutly defined limits, has come to accept and even to co-operate with it." This same article points out that the Pope had taken pains to "correct" a previous Bulletin of his to the Catholic Clergy of Rome in which he declared the use of psychoanalysis to be a mortal sin by saying that "with certain stiff reservations . . . psychoanalysis is a legitimate method of treatment." [12]

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[8] Fulton J. Sheen: *Peace of Soul;* McGraw-Hill, New York, 1949, pp. 124-150.
[9] Kenneth E. Kirk: *Some Principles of Moral Theology;* Longmans, New York, 1920, p. xvii.
[10] "Sigmund Freud—100 Years," *The Living Church,* Apr. 29, 1956, p. 10.
[11] Apr. 23, 1956.
[12] Pope Pius XII in 1952.

Psychiatry and religion are now working together, while probably not as compatible bed-fellows, still as working partners. They have been described as being on friendly speaking terms, maybe as yet across fences, but with the mutual feeling that the fences are now relatively ineffectual barriers of a previous tradition. Union Theological Seminary installed last year its first Professor of Psychiatry.[13] Joint enterprises between ministers and psychiatrists in hospitals, in universities, and around the conference table are becoming increasingly frequent. This is so within each of the three major faiths of our Western World. Even here the encircling walls are quite unarmed and have doors in them that swing both ways. Protestants have attended on invitation Catholic conferences.[14] Jesuits take part in clinical seminaries at non-denominational centers.[15] The New York Cathedral Colloquium found Jewish, Catholic, and Protestant lay people, psychiatrists and psychologists, and clergy happily together. One of the most promising expressions of this movement is the establishment of the National Academy of Religion and Mental Health. Directive and functional membership involves no professional or confessional limitations. George Anderson, its executive officer, has expressed the basis of this relationship as follows: "A careful examination of the motivations and objectives of psychiatry and the Christian religion reveal marked similarities. While it is true that valid differences exist, there is a much closer area of agreement than many realize. The Christian religion inherently parallels many psychiatric concepts." [16]

A world of a constructive faith in God, of cooperation and brotherhood, can be achieved by people who are aware of the nature of their real selves. The inner attitudes of men can be changed. Religion needs to strengthen its natural allies, and psychiatry and religion can be mutually supported in their God-given tasks.

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[13] *The Living Church, op. cit.,* p. 10.
[14] The author attended on invitation a Conference of the American Catholic Psychological Association on "Psychology, Psychiatry and Religion" at Fordham University in 1955.
[15] *The Living Church, op. cit.,* p. 10.
[16] George Christian Anderson, "Psychiatry—Enemy of Religion?" *Mental Hygiene,* XXXVIII (July 1954), No. 3, 404-409.

OBSERVATIONS ON DR. TILLICH'S VIEWS ON GUILT, SIN, AND RECONCILIATION

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Dr. Paul Tillich has presented in many of his writings a theological formulation of guilt and sin which has taken sharp issue with the more pietistic and fundamentalist religious views.[1] Psychoanalytic theory has had deep disagreements with many religious concepts, particularly in this area. In view of the direction of Dr. Tillich's ideas, a re-examination of the similarities and differences in the theological and psychological view of guilt and sin is in order.

In the interpretation of "human nature and destiny," theology and psychoanalysis meet. While they meet and take much from each other, they nevertheless are not fast friends; nor are the differences in their philosophical and theoretical approaches either minimal or trivial. Dr. Tillich does not minimize the differences, nor does he superficially draw on psychological insights in order to make a more palatable theology. Like Reinhold Niebuhr, Martin Buber, and others, he has encouraged a serious interest in the theological and religious issues by bringing the existential nature of man to the attention of scientists who for too long have been concerned exclusively with the natural or biological man. He has discussed with great wisdom and discernment the contribution of psychological theory to a more enlightened theology and has also presented the most cogent criticisms that psychological theorists and practitioners have leveled against the theological conceptions of guilt and sin.

It is clear that many of the objections of the psychoanalysts cannot apply to the theology of Dr. Tillich. In the main, his views are already shared by most psychotherapists and psychoanalysts. However, some issues do remain.

From one point of view, religion could be viewed as a pre-scientific psychology of man. Prior to the development of science and the accumulation of information with a methodology capable of examining the data, man functioned with all the issues, problems, and turmoil relevant to his exist-

[1] *The Courage to Be;* Yale University Press, New Haven, Conn., 1952. *Systematic Theology;* University of Chicago Press, Chicago, Ill., 1951. *Love, Power and Justice;* Oxford University Press, New York, 1954. *Shaking of the Foundations;* Scribner's, New York, 1948.

ence. From the earliest time, he attempted to deal either through magic or the most primitive religious systems with problems which were beyond his understanding, whether these problems were beyond his control and of natural origin, such as floods and famine, or whether they were problems of isolation, loneliness, and the need for some relatedness. Prior to the development of a psychology or technology capable of answering and dealing with such problems, religious systems were the only available efforts made to supply answers. Religion thus took on a healing function as well as an encyclopedic one.

One must acknowledge the profundity and depth of understanding in these early, more primitive attempts as well as in the Judeo-Christian and other religious systems to deal with human needs. Since the answers were given prior to any formalized psychological system, these attempts were intuitive and were expressed in allegorical, mythological, and symbolic terms. The grasp of man's needs, his isolation, unrelatedness, his need for love, and the solution to his short, often meaningless existence were provided in these doctrines. They recognized the inevitable dichotomy, ambivalences, conflicts, and ambiguities in man's existence while being either entirely ignorant or only primitively aware of man's natural or biological problems. Consequently, one might broadly perceive of religion as emphasizing the existential issues involving man and his destiny while neglecting the natural or more scientific aspects which became available only thousands of years later. For historical reasons the scientific disciplines required the avoidance of feelings and personal involvements. Psychology and psychoanalysis, arising in the scientific age of man, thus pursued the natural while neglecting the existential. By filling the gaps in their own disciplines, religion and psychiatry have come to notice their similar interests and concerns. From the extensive source of pre-scientific psychology, psychoanalysis has learned a great deal and one could say that this religious heritage was a necessary pre-condition for the development of a humanistic, scientific psychology. The period of monastic introspection which characterized religious movements and religious leaders supplied invaluable material about the unconscious, prior to Freud. Such writings paved the way for formulating in scientific terms the concept of the unconscious.

The problems of growth, maturation, and the inevitable struggles, while still being dependent upon parental figures, for example, must have stimulated much hostility, guilt, and feelings of worthlessness. Descriptions of sibling rivalry, struggles with parents, jealousy toward the first or favored son abound not only in the Bible, but in earlier myths and epics. Consequently, guilt which resulted from difficulties in resolving these inevitable struggles needed to be dealt with and understood prior to a scientific theory which could make this a matter of scientific concern. Religious systems and particularly the Judeo-Christian tradition was greatly concerned with these questions and formulated doctrine and dogma in an effort to deal with them.

The feelings of loneliness, isolation, and abandonment which characterized the maturing process were relieved by the "presence" of an all-loving, embracing God who had unlimited powers of forgiveness and endless supplies of love. Redemption and other rituals fulfilled these psychological needs. Rites of participation, such as Communion, baptism, etc., helped to deal with the issues of loneliness and isolation. Relief from insecurity and anxiety is supplied by all religions in a broad sense either by the promise and offer of love, or by the protection of a powerful agent of his obedient children. Love is clearly what Judeo-Christian religion gave to the world as a solution to the problems of insecurity, and it is only recently that science has discovered this force. Now it is clearer why such mutual interest has developed in the past twenty years. It has been only recently that science demonstrated any interest in the problem of love. Freud, Horney, Fromm, and Sullivan have brought to scientific scrutiny an area of knowledge which has been available to Christian doctrine for over two thousand years. Ian Suttie, in his book, *The Origins of Love and Hate,* expresses this notion when he says: "Science represents a flight from tenderness into a peculiarly sublimated form of intellectual play and in this psychological respect it is an antithesis to the Christian religion which seeks to reconstitute the tender relationships with the human environment which is lost in early childhood." [2]

Psychological theory in recent years has grown away from its clinical objectivity and has become interested and involved in problems of guilt and reconciliation as well as in the problems of sin and evil. The former we would call re-establishment of mutual loving relationships; the latter we would describe as self-destructive or masochistic activities which are not constructive or designed to fulfill or enhance all of man's capacities and potentialities. It is clear that the problem of love, which is the core of most religious systems, is the ultimate problem of all psychoanalytic and psychological theory and therapy. Whether we consider guilt to be disobedience to God's will, or sin as an offense to some universal or immutable ethic, or whether we consider it to be an unresolved oedipal conflict or a feeling of personal despair over nonfulfillment, it is the same problem, the answer to which has been attempted in religious doctrine and psychological theory. In the pre-scientific era only the heart was available for this answer, and so the religious answer was often highly mystical, magical, animistic, or symbolic, and largely untouched by the methodology we now call science. With the advent of a scientific psychology we can use both the heart and the mind to reach rational, systematic, and at times more direct and meaningful responses to the problem. The epochal discoveries of Freud have been modified by many eminent psychological thinkers from Adler, Jung, Rank, and Ferenczi, to Horney, Fromm, Sullivan, etc. The greatest developments have been in the direction of recognizing that man's problems are not necessarily in his difficulties in dealing with sex and aggression, but mostly in his inability to deal with problems of love and its accom-

[2] Julian Press, New York, 1952, p. 2.

paniment of relatedness, meaningfulness, and participation. As psychology unfolds in this direction, its interest in religious phenomena is inevitable, and vice versa. The enormous development of healing sects, cults, individual healers and healing movements, both in and out of the church, attest to the need of human beings to solve their problems of anxiety, unrelatedness, inability to experience and mutually exchange loving attitudes. Only in recent years has healing become a medical discipline, and to many of us the healing activities of non-medical people, when these people are not outright quacks and charlatans, appear to be wholly unscientific and seem to be remnants of a pre-scientific view of man and his disorders, although often supported by spiritual doctrines. The healers are attempting to fill a great need without taking into account the past thousand years of development in the healing sciences. Yet they all function through either the ministry of love or authority whenever they are useful, and frequently utilize the insights of psychological theory. However, the attempts of individual healers or healing movements to explain their activities on scientific grounds often result in the most flagrant abuse of science as well as of religion. Extra-sensory perception and the other psychical phenomena are used by some as a rationale to describe the activity of the "Holy Spirit." Others, using the most primitive notions about electricity, wave theory, and so on, postulate newer, totally unsubstantiated theories involving such ideas as "odic force," magnetism, etc. It often looks as if the "faith" healers have a more insistent need for a scientific rationale for their activities than the scientist has.

Guilt in a psychiatric setting refers to the effect or feeling which surrounds activities, thoughts, or fantasies which in the long run are defiant, hostile, or rejecting attitudes toward the authority figure, or one's own integrity, or one's true being. We must, however, distinguish between true guilt or pseudo-guilt or false guilt. It is in this distinction that we recognize the contributions which psychiatric theory has made to this problem. We frequently find guilt feelings expressed with regard to an endless variety of experiences which serve to emphasize the person's feelings of unworthiness and form the basis for demands upon the environment for sympathy. They are devices to diminish responsibility and punishment, and do not encourage the individual either to face up to or tackle the situations which have produced them. They are conscious and unconscious devices to escape responsibility. These expressed guilt feelings are often excessive, exaggerated, and even felt to be insincere. These could be called pseudo-guilt feelings, for they rarely ever lead to determined responsible activity designed to alleviate the problem. On the other hand, we recognize a variety of guilt feelings associated with real, responsible remorse over unproductive, unfulfilled living. These are reactions to activities that are needlessly destructive or self-destructive, and encourage the individual to behavior that will tackle the cause of the guilt feelings. This we might call true guilt. We do not ascribe more validity to one or the other—for both are felt by the individual, and are a real source of

despair and discomfort. However, one is defensive, neurotic, and unproductive. The other has productive potentialities. The concept of guilt in theological terms often overlooks or fails to recognize this distinction. By accepting statements of feelings of guilt uncritically, much harm is done in perpetuating or even aggravating the guilt feelings by a process of wholesale expiation. Since pseudo-guilt is not based upon a responsible acceptance of the acts which have produced the guilt, expiatory rites only increase the guilt. Clearly, Dr. Tillich does not view guilt in this light, since he believes that guilt is an inevitable outcome of the existential inability fully to overcome our limitations and that consequently, in order to deal with guilt, one must take it onto one's self, and cope actively and responsively with it. His view of guilt would be acceptable to psychiatrists and enhances the psychological conception of guilt. It emphasizes the ontic and moral elements in the self-affirmation process which results in guilt when it is denied.

However, it is difficult to see why one needs to postulate a "ground of being" to account for ontic guilt. Psychoanalysis has for a long time recognized the constructive aspects of anxiety and guilt. It is precisely the anxiety of non-being which remains as the vital force in the highest development and achievements of man. The dichotomy can never be overcome and is necessarily accompanied by guilt. One can confront, encounter, and by virtue of positive achievement and constructive activity reduce it to a minimum. Commitment to all of living reduces the anxiety of non-being to a minimum. This, I believe, is the extension of the theoretical views of the culturists and consequently requires no "God head," authoritative or non-authoritative, to deal ultimately with the anxiety of meaninglessness. Paul Tillich has pointed out that certain anxieties cannot be analyzed away and can be dealt with only by reuniting what is estranged with the ultimate "ground of being." Since he feels that it is impossible to transform the anxiety of non-being into courage, one must take it onto one's self. This is a view that encompasses responsibility in dealing with anxiety and guilt.

When we consider the problem of redemption in psychiatric terms, we recognize the close similarity to psychotherapy, which is in itself a redeeming process in making the individual whole, exposing his pseudo-guilt, and encouraging the development of true guilt and the consequent tackling of the problem.

Redemption in a theological sense, however, is through the agency of a divine figure, while in the psychotherapeutic process it is through the agency of a human helper and one's own activities and efforts. Perhaps in the pre-scientific era of psychology man felt unable to effect his own destiny and to alter his own future, and needed a divine omnipotent figure to rescue him from his neurotic travail. Psychiatric theory and practice has enabled us to visualize the possibility of such rescue through the intervention of human activities.

Although guilt and sin were originally theological concerns, they have become psychological concerns when we define them in scientific language and recognize that man not only defies and takes issue with authority, but also defies and takes issue with his own self. Guilt and sin can then be visualized as self-referred, as well as having reference to outside authority. The super-ego guilt which is similar to the theological guilt refers to the defiance of authority. However, this concept of guilt does not fully deal with the greater areas of guilt which arise in the defiance of one's own potentialities and possibilities.

The radical theologies, and particularly that of Paul Tillich, have restated theological doctrine without recourse to divine authority, and translated religious symbols in an existential manner. This has overcome many of the objections that a scientific psychology has raised against the more authoritative literalness of theological doctrine and its understanding of man's essential and existential problems. But even the more liberal theologies still require a centeredness that goes beyond man. This, a scientific psychology cannot yet accept in spite of the fact that the newer theologies have become more man-centered. The necessity for going beyond man for a solution of man's problems is a refusal to recognize the existential and inevitable shortcomings of man, the superior animal or spiritual being who, by virtue of his peculiar estrangement from nature while being a part of it, must forever struggle and deal with the anxiety of meaninglessness without artificial props that serve only too often to disguise and avoid this anxiety.

Dr. Tillich has made a lasting contribution to psychoanalysis by emphasizing the participation element in the healing process, and the necessity of accepting one's self in spite of being unacceptable. This requires the agency of another person who accepts us in spite of our imperfections and limitations. This has made the therapeutic process more than a mere unfolding of unconscious memories, or a clever interpretation of symbolic acts or fantasies. Instead, it is a process of participation where the counter-transference phenomena and the "interpersonal" element in the process become the very essence of the success of the therapeutic endeavor.

RELIGIOUS INFLUENCES FOR MENTAL HEALTH

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More and more do we find that medicine, psychiatry in particular, is recognizing religion as a significant part of the whole person in all his fellowships. Opening the 112th annual meeting of The American Psychiatric Association in May of last year, Dr. R. Finley Gayle, Jr., president, made it apparent when he said: "Regardless of our own individual religious . . . attitudes as psychiatrists, we need to be as understanding and accepting of our patients' religious situations as of any other significant area in their lives."

Religion is recognized by more than pastors, priests, and rabbis as significant to and influential upon one's health and adjustment to life. Medical observation does not see the disturbance of personality as solely biological, while those looking at the personality adjustment from the point of view of psychology or social science see not solely the environmental influence. These professional people are skillfully trained to observe the various pathologies, and will indicate when health is favorable or unfavorable. The skillfully trained minister will also indicate when religion is healthy or unhealthy. I have worked with doctors, psychologists, social cases workers, and various therapists who, in their attempt to remain objective, have indicated that certain religious influences are for good and certain influences support unfavorable pathology. Recently a person came to my attention who had claimed to have heard the voice of God speaking to him. The doctor had made a diagnosis of this patient's difficulty and was making excellent progress in helping the patient to objectify his involvement until the patient's minister visited him and, with good intentions, gave the patient a prayer book. The doctor subsequently came to me with the fact that the patient had regressed and remained untouchable, praying constantly since the time the prayer book had been received.

The doctor and I were able to sit down and fit together what I would prefer to call the patient's ruptured relationship which involved a deep hurt originating in a conflict within the home—a conflict later symbolized in the authority of the father and against which the patient could effect no appeasement. The superficial solution adhered to by the patient was an acceptance of the mother's admonition that repetitious prayer would bring lasting peace. Peace at any cost was what the patient wanted—a peace,

too, that represented no interpersonal conflict. It must be noted also that no warm relationships existed between the parents or between the parents and the child. Within the home God was not interpreted as love and consequently not benevolent. God, as interpreted by the mother, was a vindictive judge and could be appeased only by some undefined submission. Conflict with authority symbolized by the father and later by the doctor had to be recognized as a real pressure which the patient desired to escape. Easy solutions such as abstract reading in a prayer book brought no threat of an interpersonal encounter. The patient was really saying that his soul thirsted for a real warm, communicating relationship that threatened no hurt if the attempt at being himself was imperfect. Those who become mentally and emotionally ill are frequently concerned over a distress which may have a distorted localization or symptomatology but which is frequently observed as a distress of the soul. The distress of the soul is a result of ruptured relationships that hurt deeply. As in the case of the patient, a person becomes ill in the structure and function of certain organs with resultant pathology; but also we must recognize that the person has become ill as a result of a disturbance in the structure and function of the family and the social matrix.

We must recognize that not all religious influences are favorable to sound mental health principles. We must recognize that not every pill we consume is for the same symptom. Dr. L. van der Horst coined a very fitting phrase when he said that there is an "unhealthy pressure of a petrified theology." [1] There is much evidence that great harm is done to the personality by an overemphasis on the wrong of sinning as well as by an overemphasis on the point that goodness is practiced solely for others as self-gratification to such a perfection as to deny the individual a right to discover the worth of truth in himself.

If religious influences are held to be pathological, it would be well to clarify such a negative influence upon the personality before we move into the healthy influences of religion within the family. Religious influences are always interpreted by individuals who pass along their ideas, beliefs, and attitudes, and if those individuals, as parents, are a part of a family unit, their interpretation of religion is bound to effect the healthy or unhealthy integration of religious factors by the children of that given family—and in many cases even the children of other families.

The family's religion often reflects the interpersonal situation of the parents and siblings. ". . . many concepts of God are gained through experiences with the parents; many ideas of sin flow from experiences with parental authority, grief and remorse arise with parental distress; guilt and forgiveness are experienced out of distance or closeness in the parental relationship." [2] The child may feel isolated from the outside world and

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[1] L. Van der Horst, M.D., "Mental Health and Religion," *Pastoral Psychology,* VI (Feb. 1955), No. 51, p. 16.
[2] J. Cotter Hirschberg, M.D., in the *Menninger Clinic Bulletin,* XIX (Nov. 1955), No. 6, p. 227.

may take solace in the family group that protects and shrouds his individuality while the child feels so smothered by the family grouping that he stands very much alone in his attempt to overcome his loneliness. As one person recently said after a period of real maturation: "I am no longer dependent upon my parents or teachers or others but I find now that others in a more satisfying fulfillment are sharing with me a life I can now accept realistically rather than reject." The history of the religious development of the child will reveal where the child stands in relation to his parents and siblings and will also reveal whether that person adheres to his or her religion as an access to an accepting group or whether that person isolates himself or herself from groups whose approval is considered advantageous to the ego. And of course it is not uncommon to find that some religious ideas may be used as concealment [3] when such religious influence is felt by the child, the later discovery of shallowness leads to a feeling that religion is only protective.

Moreover some histories of religious development reveal that religion is adhered to so compulsively that a basic fear is present lest someone be let down whose approval is needed or lest a parent be disappointed or lest a mate's wish to appease be in vain.[4]

Religious influences may reveal rejection or acceptance. When an individual makes known a feeling of guilt, he may be told to confess or atone for the sin committed [5] rather than being helped and guided into an awareness of the fact that the regulated potentials of the self can be seen as God's creative love. Actually, the cause of the person's unacceptable behavior may be rooted in feelings of isolation and rejection experienced at home. Dr. J. Cotter Hirschberg of the Menninger Foundation has said that, in order to become emancipated fully from the parents, many an adolescent must also doubt the religious attitudes and standards of his parents, to his own real distress as well as that of his family and church.[6]

Religious influences have also been negative because of a dependence on admonition to the exclusion of recognition of the needs of the individual. The boot-strap philosophy or the pat on the back is not helpful to a person whose difficulties arise out of feelings that make it impossible for him to change his life or to make adequate decisions. Fixed religious ideas may "inhibit the person's relationship to other people and . . . distort . . . communications." [7]

Instruction in religious matters has also tended to place an emphasis on *information about* and *ritual for* the execution of religious patterns

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[3] Wayne E. Oates: *Religious Factors in Mental Illness;* Association Press, New York, 1955, p. 97.
[4] *Ibid.,* p. 97.
[5] H. Walter Yoder, "Spiritual Processes and Marriage Failure," *Journal of Pastoral Care,* X (Spring 1956), No. 1, p. 34.
[6] Hirschberg, *op. cit.,* p. 228.
[7] Anton Boisen: *Religion in Crisis and Custom;* Harper and Brothers, New York, 1955, p. 107.

rather than on a deepening understanding of the religious feelings and attitudes resulting from them. It is difficult to "prepare one for religion," as it is difficult in some instances to "prepare for marriage," for actually the preparation may tend to become isolated as a technique rather than becoming a growing relationship.

From the 1952 report on the White House Conference on Children and Youth there comes the repeated interpretation that man need not reject any part, aspect, or facet of himself but should accept the self in its totality as part of the plan of God for his creation.[8] Healthy religious beliefs are constant, supportive, yet flexible in adaptation to new insights, discoveries, and information.

Each person must be guided into experiencing life for himself; thus each person must be given the opportunity of experiencing God as creator and preserver beyond human frailty and limitation. The parents, the pastor, and the teacher function in that guidance to transmit the idea of God until the child comes to experience God for himself. Each person must be given, through example and education, standards of values that will aid him in becoming a more real person in his own right as he takes hold of his responsibilities for a creative function in his attempt at living. And each person must assume that, despite how adverse the world and relationships are, God loves him. Given these standards and assumptions, he becomes sensitive and perceptive to what we call God's will. He begins to function as an individual in his own right in a world he will interpret as created by God whose love and mercy function for trustworthiness beyond the limited concept of the self.

Religious influence begins in the home with the child and parents feeling a common fellowship beyond mere cultural requirement or social function. It may be fed by additional resources outside the home and may later take individual roots through the person who is creative enough to let his own religious philosophy become a part of his own integration. But before religious influence can take root it must be nourished in the home. The trust implicitly placed by the child in the loving parent must in the process of maturation be placed in others who become loving enough to accept the child. It is thus easier for this child to accept the person of God as loving and one in whom trust for life and meaning may be *maintained* beyond the limitations of human existence. The interpretation, therefore, of a meaningful and benevolent universe—despite its malice and conflict—is appropriate to trust in God as universal parent belonging to a family constellation. The child is secure when the parent is loving. The child is secure when the parent interprets God as loving beyond the human existence where parents may not be able to maintain a loving relationship.

If family stability is not supportive to healthy religious influence, then the early (or even later) idea of religion as important to life is lost

[8] Helen L. Witmer and R. Kotinsky: *Report on the White House Conference on Children and Youth,* 1952.

until such a time as the individual may encounter religion *outside* the home and find it fulfilling deep psychic needs in distorted neurotic fashion. Similarily we find the neurotic using marriage as a panacea for all personal and social ills. This may be a compensatory reaction to the fact that religion was rejected and not thought to be important in early family nurture; or to the fact that religious concepts as taught were bigoted, narrow, or totally legalistic, void of human warmth and tenderness.

In conclusion, let me affirm that the family teaches good mental health in the following religious attitudes: (1) an acceptance of the self, with the inclusion of God's acceptance of the individual with all potentials as well as all limitations; (2) a view that the self and fellow men may be at fault and that God created no man to be so perfectionistic as to become a god unto himself; (3) a knowledge that man's organism and world are planned by a loving God; (4) an affirmation that, amidst the fluctuations of human endeavors and social customs, certain basic truths remain, these truths being perpetuated and interpreted by organized religion through the church and synagogue as (*a*) an institution integrating the varied factors of a world in conflict, (*b*) a relief from isolation and loneliness, (*c*) a fellowship in the attainment and maintenance of the self, and (*d*) a common loyalty to a Supreme Being beyond human limitations. When these religious influences are endorsed by the family, sound mental health principles are assured for those who would desire a more abundant life.

RELIGIOUS CONVERSION OF SEX OFFENDERS DURING PSYCHOTHERAPY: TWO CASES

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Religious conversion during the course of psychotherapy is not infrequent. Freud [1] and Jones [2] have explained such religious conversion from a psychoanalytical point of view, but the literature dealing with conversion is scanty. Paul Bergman reported a case in which religious conversion played a very important role in the improvement of the patient, in whom the main symptoms were homosexuality and alcoholism.[3]

This paper reports two cases of religious conversion during psychotherapy.

Case Report No. 1

Fred M., a thirty-seven-year-old white widower, was sent to the hospital from jail, where he had spent four months. The charge was indecent exposure to two girls, thirteen and fifteen years old. At the police station, where Fred was questioned with a lie detector, he confessed that he had previously been in jail twelve times on similar charges and that not long before he had molested a five-year-old girl, placing his penis between her legs.

I met Fred for the first time in the admission ward at the hospital. He was a tall, well-built man, neatly dressed in simple clothes, who seemed to be depressed and anxious. His stuttering was so marked that at times his speech was difficult to understand.

Historical Background: Fred was the fifth of six children, a son of Polish Catholic immigrants. The father was a very strict man, always feared and respected by the family. When Fred was three years old, the mother died in childbirth. His development was slow, and from early childhood he was unable to meet parental demands. The father tried unsuccessfully to effect bowel training when Fred was a year old. When he was two years old, his mother weaned him because she was pregnant again. At this time he began to walk and talk with difficulty, and has stuttered

[1] Sigmund Freud: "A Religious Experience"; in *Collected Papers,* Vol. 5, Hogarth Press, London, 1952.
[2] Ernest Jones: "The Psychology of Religion"; in *Essays in Applied Psychoanalysis,* Vol. 2, Hogarth Press, London, 1951.
[3] Paul Bergman, "A Religious Conversion in the Course of Psychotherapy."

ever since. After his mother's death all the children remained with the father, who took care of them until he remarried, when Fred was seven years old. The boy could not get along with his stepmother, who, he felt, mistreated him, and blamed him for everything. He was sent to a Catholic school, where he did poorly, and had to repeat every grade.

When Fred was nine years old, the father lost his job, and the whole family went to the South, where they all worked for a packing company. Two years later the family settled in a little town on the West Coast. Fred stopped school at the age of fifteen, when he was only in the fourth grade. In the next four years he worked at odd jobs and also helped a great deal with the housework. However, when he was twenty, he felt that he should get away from his parents, and rented a room by himself. Since then he has worked as a laborer on construction jobs, and has been considered a very good worker.

Four years ago, after frequently getting into trouble with the law, he returned to his early home city, where his family had moved some time before. Here he continued working as a laborer until his arrest.

Religious History. Both Fred's parents belonged to the Catholic Church, but after the mother died the father lost interest in religion. The family continued to attend Mass occasionally until the father remarried. Fred says that his stepmother was very busy, and religion was never discussed at home. However, the father always kept some religious pictures and a crucifix that had belonged to Fred's mother.

Sexual and Marital History. Fred received no sexual education at home. When he was thirteen years old, he learned about sex from other children. At this time he started to masturbate, although he felt it was wrong. He always went to the country to perform this act because he was afraid of being discovered by his parents. The first known overt sex offense occurred when he was fifteen years old, when he exposed himself and tried unsuccessfully to rape a six-year-old girl. His father punished him sternly, but the girl's parents did not bring legal action. Two similar episodes occurred later, once when he was eighteen and again when he was twenty. Exhibitionism thus apparently began when he was fifteen years old, and he has followed a pattern since then of exposing his genitals and masturbating in front of girls. He enjoyed the act only when they were frightened. Afterwards he would feel very guilty. As noted earlier, he has been in jail twelve times for this offense.

At age twenty-four, Fred married a woman rejected by his family mainly because she was not Catholic. Fred complained that she was sexually cold, and at the same time charged her with being promiscuous. Two children were born, one of whom died. Four years after the marriage the wife died in a car accident while Fred was in jail. He did not remarry. In the past two years he did moderate drinking and had some affairs with women he met in bars. He stated that in the past five years he had exposed himself about a hundred times.

Course of Treatment and Religious Conversion. When our interviews began, Fred appeared to be very anxious, but the anxiety was related more to his being committed to the hospital and his fear of spending all his life there than to his problem of exhibitionism. His fear of me, as a therapist, was obvious from the beginning. He knew that I would decide whether he could leave the hospital. I was also the forgiving person who was trying to help him to overcome the urge for exhibitionism, and he tried to gain my sympathy by being friendly. Although he realized that he had to give up his exhibitionism in order to get his discharge from the hospital, he did not admit that what he had been doing was wrong. He did admit having been in jail twelve times before, but he appeared to think that paying a fine or spending thirty days in jail settled his debt, and that he could still continue his exhibitionism. He insisted many times that he never thought that just because he exhibited himself he could be put away for life. He showed, also, a very poor knowledge of sexual matters and very little concern about other people's feelings. He had never had a very close friend. Actually he never trusted anyone, feeling that no one could be interested in him. Fred was thus not a patient who was asking for treatment; therefore, my first approach was a very friendly one, with the idea of establishing a good relationship. For several months he continued to seem afraid of me, although he would frequently look for me on the ward and expressed a wish to talk with me. I always responded and showed interest in helping him. I kept pointing out to him that his problem was not that of being in the hospital, but of exposing himself, and I tried to make him understand the harm that he was doing to other people.

While taking data for the clinical history, I questioned him about his religion. He told me that he was Catholic, but hadn't gone to church too much since he was twelve years old, when his family moved west. As a matter of fact, he stopped going to church when his father remarried. He did not talk about religion for two months, and then he reminded me of my question on that subject, saying, "I've been thinking that if I had kept on going to church all my life, I wouldn't be in this hole." I asked him how he thought that going to church would help him. He replied that what he had been doing was against the church, and that his real mother, who was very devout, wouldn't like to see him doing it. In the same interview he talked about how lonely he was, and about his resentment at not having a mother himself. For the first time he showed some remorse for his activities.

Three months after admission I arranged for Fred to work in the garden, and his supervisor reported that he was very efficient. He was in a semi-closed ward and had never demanded a grounds pass. Soon after this, he asked for permission to go to Mass. This was granted. He began going to religious services every week, and eventually he approached me for permission to go to Communion. He once asked me, "Do you mind if I go to Confession?" He wanted to know if I minded that he had this new religious feeling. He asked if I would mind if he talked to a priest,

now that he was talking about his problem with me. His idea was that I wouldn't like to see him talking to someone else. I approved of his going to Confession, and assured him that it would be all right for him to talk with the priest. By this time Fred talked frequently about religion in his interviews. He viewed God as a very punitive figure, and felt that people had to be good, that, if they were not, they would go to hell.

While walking through the ward with me, Fred observed a very regressed patient masturbating. When we arrived at my office, he commented about how repulsive the act had looked and questioned me about sending this patient to church. He showed a very active interest in the patient and even volunteered to take him to church. Fred believed that if this patient would become a Catholic, he wouldn't have to masturbate any more.

Fred's work in the garden was very good and he became the right-hand man of the garden supervisor, who praised him highly. I pointed out to Fred that he didn't need to masturbate any more to be important; that he was important, anyhow, in his work. I ventured this interpretation just as a suggestion and in praise. He replied that this was true, but that he also felt important at church, where he was near God, who was "the most powerful Man in the Universe."

One year after admission Fred got a grounds pass, and six months later he got a job outside the hospital. When I suggested to him that he could now be discharged from the hospital, he asked me if he could continue seeing me, to which I agreed. I met with him during the following five months in the Out-Patient Department for weekly interviews. During this time I limited the talk to everyday life problems. When therapy was discontinued, I made arrangements for the priest to see him once every two or three weeks.

After Fred left the hospital, he rented a room by himself. He was able to make friends more easily, and associated with some of the ex-patients from the hospital. His stuttering improved. He went to night school to learn how to write. He had the firm belief that "I will not commit that terrible sin again, I have made up my mind." He said he no longer feared being sent back to the hospital because "I will not exhibit myself any more."

Case Report No. 2

Tim L., a forty-one-year-old white married male, came to the Out-Patient Department at the recommendation of his lawyer after he had been arrested twice on the charge of indecent exposure. In the intake interview he appeared to be very neat, elegantly dressed, and well groomed. He seemed to be restless, gave a free account of his behavior, and offered to cooperate in whatever treatment was needed to free him of his urge toward exhibitionism. He was a successful business man, father of two

children, and head of a "wonderful family," for whom he would do anything. He expressed his fear that his children, six and four years old, would know about these episodes. He had to travel two hundred miles every week for his interviews.

Historical Background. Tim was the fourth of eight siblings born to a poor Midwest farm family. The father was very strict and bad tempered, and would punish the children by hitting them on the legs. He used poor judgment in his business, was always in debt, and complained constantly about his bad luck. The mother was a very quiet and retiring woman, who found it hard to maintain conversation or to meet strangers. She derived all her satisfaction from her children. She was mistreated by her husband and had made several unsuccessful attempts to leave him. She was responsible for the bringing up of the children, and was very permissive; she never put any pressure on them to be weaned, toilet trained, etc. Tim was breast-fed until he was two years old. He was enuretic until he was five years old, but his mother never reprimanded him for it.

Tim learned at an early age that the only way to get along with the father was not to disagree with him, and to help him in the fields as much as possible. This attitude won his father's liking, and he was considered the favorite child.

At six he began to go to a country school, to which he had to walk about two miles. He became a good student. Tim was a shy boy; when he was teased by his schoolmates, he was unable to answer back, but would go to any extent to be friendly. His father resented his going to school, and never praised his grades, saying that Tim would be better off helping him than learning nonsense. Nevertheless, Tim continued his education, which was interrupted several times at his father's insistence, and was graduated from high school at twenty-two, the only sibling to accomplish this.

When he finished high school, Tim thought it was no use to work on the farm. He moved to the closest town and worked in a grocery store, where he gained advancement in his work. He was able to make friends with men his own age, and would often go dancing and drinking on Saturday nights. When he was twenty-five years old, his father lost the farm, and both parents came to live with him. He was happy at having them close to him, but resented the fact that his siblings did not help support them.

He was drafted when he was twenty-nine years old, and remained in the Army for five years. His Army record was excellent; he had a special ability to make himself liked by his superior, and was promoted several times. He was honorably discharged when thirty-four years old, and went back to his old town, where he started to work by himself as a car salesman. He built up a very successful business, which he continued to maintain.

Religious History. Although Tim's parents belonged to the Methodist

church, they went to services very seldom. Tim remembers Sunday School as a very unpleasant experience. The church was very far from the farm, and many times his father made him walk all the way, although he enjoyed it when he was allowed to go in the buggy. When at the age of thirty-six he was married in the Presbyterian church, he continued going to this church, although not regularly. He stopped going to church completely when he was first arrested for exhibitionism. He states that he just went to church as a social act, but never actually had any deep feelings.

Sexual and Marital History. Tim did not get any sexual instruction at home. He said that his parents were too busy to think about this. He learned about masturbation from some of his friends when he was thirteen, and at this time he first masturbated. He thought that this was something very wrong to do, and became very frightened because his penis bled. At about this time he felt fearful when he had to recite his lessons in front of the class; he felt overanxious and dreaded criticism. He continued to masturbate, and when he was twenty-four years old, he had his first heterosexual relationship with a woman whom he met at a dance. He felt very inadequate, and thought that she didn't enjoy the experience with him. He blamed this on the fact that his penis wasn't straight while in erection. Further heterosexual relationships proved to be similarly disappointing.

The first act of exhibitionism occurred soon after he was drafted. He was in a hotel room feeling very lonesome, when he looked through a window and noticed a woman watching him. He exposed his penis and masturbated in front of her. She seemed to enjoy the sight and smiled at him. Further episodes of exhibitionism had similar characteristics, in that he would enjoy his act only when a woman would seem to enjoy herself and did not act frightened. When one would get scared, he would become afraid himself. During the five years he was in the Army he exposed himself about ten times.

After his return to his home town, his exhibitionism became more marked for a period of years. Two years after his return he married, and after his marriage he exhibited himself only a couple of times. In the next two years his exhibitionism increased. His wife, fifteen years younger than he, was said by the patient to be cold, and he felt unable to satisfy her. He had two children from this marriage, a boy now four years old and a girl six years old. For the past three years he had been exposing himself at weekly intervals.

At the beginning of 1953, a year previously, he was reported for the first time to the police, and was jailed. In jail he became depressed, and psychomotor activity became very slow. He was sent to a private sanitorium, where the diagnosis of catatonic stupor was made, and electroshock treatment was given. He recovered and was discharged in two months. When he was again discovered exhibiting himself, he was sent to this hospital.

Course of Treatment and Religious Conversion. Tim's relationship to me from the beginning of treatment was extremely passive. He came to treatment because I advised him to do so, and he expected me to take the initiative. He frequently asked for approval of his ideas, and was very sensitive about satisfying my wishes.

The reaction of the people in his home community toward his problem was interesting, in that many wanted to help him. His business increased, and there was an atmosphere of curiosity about him. This reaction and the external support helped Tim to feel better, and he felt he wouldn't exhibit himself any more. Three months went by without his feeling any urge toward exposure. But this popular reaction did not last too long. People started to lose interest, he became the citizen who had been arrested for exposing himself, and the episode, to Tim's partial disappointment, was forgotten. Some people did not want anything more to do with him. Since his marriage he had gone to the Presbyterian church occasionally. Later he felt that people there were very critical and did not like him, that they treated him like a sinner. For this reason he had stopped going to church.

The wife felt that Tim's exhibitionism was her fault, that she had been too cold and rejecting, and that Tim in his dissatisfaction had had to look for satisfaction in exposing himself. She became warmer, and would have sexual intercourse whenever he asked for it.

It seemed to me that he enjoyed coming to see me, that this helped him to feel important. By the second month he tried to impress me or to gain my approval by telling me of his accomplishments. On days when business was slow he would appear depressed and at times would develop some somatic complaints, mainly headaches.

Four months after treatment began, he reported the following incident: "I was walking with my wife on the street and we saw a big tent. We could hear the noise inside, and with our curiosity we ventured in. It was a religious meeting. They welcomed us in a very friendly way at the door, and called us brother and sister. The preacher was talking in a very strong voice, lifted his hand up frequently to the sky, and pounded the table. He said that all our weaknesses and diseases were because we did not believe in Christ."

Tim was very much impressed by this sermon, and not only attended all further meetings, but later went to neighboring towns where the pastor was preaching. Tim approached the preacher and talked to him about his problems. He was told that the devil was in him, and if he believed in God and would go regularly to church meeting (Assembly of God), he would not have to expose himself any more. This talk was very important for Tim. After all, it wasn't his fault any more; the devil was in him, and he was the victim, not the criminal. Tim and his wife started to go to church frequently, were warmly accepted, and followed all the church

restrictions. Tim, who had been a heavy smoker, stopped smoking. He used to drink moderately at civic and social meetings, but he stopped drinking. Dancing had been one of his greatest pleasures, but he stopped dancing. He also didn't go to shows any more. He talked about how important it was for his children to belong to a good church like this one. He gave me numerous examples of why children who belonged to this church were good children, saying that other children never obeyed their parents. Tim was very interested to know my reaction toward his new faith. He told me that everybody in church was praying for him and he hoped I would say that this was the last time he had to come.

After six months of treatment he insisted that he no longer had the urge to expose himself, that he was happy, that the preacher had told him that the devil was out of him. His wife was warm and loved him. He wanted to stop coming, although he also wanted to have my permission, and said that he would continue coming if I felt it was necessary. I agreed that treatment could be discontinued, and this was our last interview.

Discussion

The study of these two cases of pathologic exhibitionism presents some factors in the delinquent-victim relationship and the role that religious conversion played in improvement.

The relation between the exhibitionist and the victim has been described and studied by Karpman.[4] This writer emphasizes the exhibitionist's need of reassurance against castration by producing a reaction in the observer. This reaction is generally described as being of a fearful nature; Karpman notes that the "exhibitionist desires to surprise, offend, or shock the woman."

We find in Tim's case different expectations. He wanted to be accepted by the observer. He expected that she would enjoy his act and felt rewarded only when she responded with a smile. During this momentary relationship, the exhibitionist attributes to the observer and to himself, especially to his genitals, properties that must be considered as magic or symbolic. This is the attempt to resolve an unconscious conflict. After the act some exhibitionists are aware of how illogical it is to derive pleasure by exposing themselves. The exhibitionist's expectation of a specific response from the observer shows some of the properties that he attributes to his penis and what he attempts to accomplish by this act. If he wants the observer to react by being afraid and shocked at the sight of his penis, we can speculate that he considers his penis a destructive weapon, with a destructive power. He exposes himself, and she turns away from him in terror and disappears from the picture. The exhibitionist-observer relationship is thus terminated in the way he wants it to be. No wonder he usually chooses as observers little girls, who in their virginal ignorance are apt to be more easily frightened.

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[4] B. Karpman: *The Sexual Offender and His Offenses;* Julian Press, New York, 1954.

At the other extreme we find another type of exhibitionist, who attributes to his penis a wonderous, magnetic power. He wants to prove to himself that he is strong, and he expects to be admired, and to attract the observer. He exposes himself to older women, from whom he expects such reaction. In none of the reported cases was a desire toward sexual intercourse described. In my cases, the patient spoke of release of tension, accompanied by ejaculation after masturbation, once the reaction in the observer was elicited.

We find, thus, that in the act of exposing himself the exhibitionist establishes a momentary relationship between himself and the observer, his penis being the means of establishing this contact. During therapy the patient in a very similar way relates himself to the therapist, and expects the therapist to react as does the observer to genital exposure.

Tim wanted to be accepted by the therapist and always discussed all his accomplishments; by being important and successful, he wanted and expected to be liked. He tried to impress the therapist in order to attract him. Fred acted differently; he was afraid of the therapist, was very cautious in his conversation, and felt in the beginning of therapy that the therapist was afraid of him and did not like him. These two types of exhibitionists attempted through a similar act to resolve different types of conflicts. The one feels that the only way he can be accepted is by being important and successful and having a big penis. He still has hopes of keeping his valuable organ, if he demonstrates that it is big and he can use it. Being accepted for his accomplishments proves to him that he is not castrated. The other one is fearful and his castration fears have a deep color of hate. If he can get rid of the threatening figure, then he has no reason to be afraid any more.

One of the most relevant happenings during the treatment of these two patients was their religious conversion. Religion and sex have been related by many thinkers. Guttmacher, in his book, *Sex Offenders,* starts his first chapter, "Except perhaps for religion, there is no subject on which it is more difficult for us to think with scientific objectivity than sex. And in truth, it is herein that much of the fault lies, for in the mind of most the two are inextricable, although not consciously bound." [5] Here the question arises, in what way, if any, can religion, or religious practice, take the place of exhibitionism in these patients? Conversion played a role in the improvement of both.

N. K. Rickles has a very interesting chapter on phallic worship in his book, *Exhibitionism.*[6] He tries to relate exhibitionism to phallic worship, and states: "one of the most striking and dramatic features of pathologic exhibitionism as it is manifested today, is the aura of mysticism and magical significance with which the exhibitionist often surrounds his own act. He

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[5] Manfred S. Guttmacher: *Sex Offenses, the Problem, Cause and Prevention;* W. W. Norton, New York, 1951.
[6] J. B. Lippincott, Philadelphia, 1950.

sometimes seems, in his own mind, to elevate his gesture of exposure to the level of a religious ritual, in which he symbolically sets up as an object of reverence his naked body, and particularly his generative organs. Undoubtedly this attitude is based on philogenic atavism, in the sense that the phallus has been revered and regarded as a source of magical power ever since the origin of man."

I do not attempt here to make a study of the symbolic meaning of religion. What is important and interesting is to see what these patients believed concerning their religious practices, what kind of gratifications they got from their churches and their relationship with their churches, and what the concept of God, the leader (priest, pastor, preacher, etc.), and the rest of the congregation meant to them.

First, what is the role of the therapist in the conversion of these patients? As stated in the case histories, the therapist's attitude was strict, non-permissive, but never punitive. The patients felt accepted, and so were ready to be reconciled with the parental figure. The therapist took a moral attitude. He attempted to treat a symptom that is amoral. In the treatment of delinquents there is some kind of similarity between religion and therapy, and for that matter with society in general. The main difference is that the therapist does not punish the sinner, but tries to understand his behavior, and this seems to allow him to make the next move. Thus, the therapist breaks the first barrier. Ernest Jones, in his paper on "Psychology of Religion," says, "The sense of inadequacy of coping with life . . . may appear in any aspect . . . physically, morally, intellectually, and so on. Psychoanalysis of the phenomenon, however, reveals a unitary origin, namely in the sense of sin or guilt aroused in the child in his endeavor to make all his impulses conform with adult moral standards. It it, thus, psychologically comprehensible that all manifestations of inadequacy, in whatever sphere, can be allayed by dealing with their origin by religious means; to be reconciled with the Father is the same thing, i.e. to obtain assistance from Him." [7] This reconciliation and the assistance from the Father seems to play a crucial role in the recovery of these two patients.

The first patient, Fred, visualized God as a very punitive figure, whose role was to forgive or punish. The only way that he could be accepted and helped by Him was by being good, not committing his sin again. Tim felt attracted by the masculine and powerful voice of the preacher, and was strengthened by the belief that if he had faith in God, he would be well. Besides, he derived satisfaction from the warm acceptance of the other members of the church.

We can consider, of course, that during the treatment the religious conversion appeared as a very strong resistance to treatment. But that is a factor of importance only in a long and continued therapy, and cannot be

[7] *Op. cit.*

discussed here. In both our cases religious conversion acted as a means for at least a temporary source of authority, and at the same time as valid reason for termination of therapy.

In summary we can consider the improvement of these patients in three steps: (1) understanding the relationship between the exhibitionist and the observer; (2) the therapist's taking the place of the observer; and (3) tolerating a strong relationship with the church that becomes the object that will give security to the patient and where he will be able to channelize his impulses.

DENIAL AS A DEFENSE

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One of the common defenses against the problem of widespread tension, anxiety, and unhappiness is that of denial. Seeing a group of children at play almost always brings out the automatic thought that these are happy children and they have no problems. Yet almost every time close observations are made in any group the incidence of conflict and unhappiness is surprisingly high. The experience of those who work with college groups indicates that ten to fifteen percent of students in such institutions have major emotional problems each year. In a recent study by Dr. Lawrence K. Frank and his associates on *Personality Development in Adolescent Girls* it was noted that a high proportion of the 300 girls in the study were "unhappy and tense." Some had been unfavorably affected by home, family, and neighborhood experiences, while others, especially in the middle and upper social-economic groups, showed "the effects of the continual pressures they are under from ambitious or intellectual parents, often reinforced by idealistic teachers who spur them on to academic achievement." [1]

This latter observation points up the difficulties inherent in striking a neat balance between pushing children too much and not encouraging them enough. John Stuart Mill said that the student who is never expected to do more than he can do will never do as much as he can; whereas, Mark Hopkins thought the youngster with a good mind should not be forced too early. In general, I believe the motivation developed from within is vastly more effective than that imposed from without. This suggests that we may accomplish most by building sentiment in our schools which values learning for its own sake, and which gives maximum encouragement to the student but does not censure him unduly if all expectations are not realized.

Many persons think that a main purpose of psychiatric treatment is to aid the patient to "adjust" to the conditions which surround him in order

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An excerpt from an address given before the Second General Session of the American School Health Association and printed with permission from *The Journal of School Health,* Dec., 1954.

[1] Frank, L. K., Harrison, R., Hellersberg, E., Machover, K., Steiner, M.: *Personality Development in Adolescent Girls;* (Child Development Publications) Antioch Press, Yellow Springs, Ohio. p. 194.

that he might be comfortable. This usually carries the connotation of "adjustment downwards," the patient becoming more complacent and less critical of unfavorable factors in his environment. Some of this same false concept has become a part of the customary ideas of many people about mental health, implying that mental health is a rather dull condition, uninteresting, and almost too peaceful for pleasant contemplation. Such, of course, is not the case. Mental health should imply freedom from crippling conflicts and anxieties but not from conflict and anxiety. It suggests the raising of standards, not their deterioration.

The nature and role of anxiety is discussed in illuminating detail in Professor Tillich's book, *The Courage to Be.*[2] He comments that fear has a definite object which can be faced, analyzed, attacked, and endured. Courage is usually described as the power of the mind to overcome fear. In contrast to fear, anxiety has no object, cannot be attacked, and is really fear of the unknown of a special type. It is the painful feeling of not being able to deal with the threat of a special situation. In a sense, anxiety strives to become fear.

Professor Tillich also believes that the anxiety which is potentially present in every individual becomes general if the accustomed structures of meaning, power, belief, and order disintegrate. As long as they are in force, anxiety is bound within a protective system of courage by participation.

These ideas from a philosopher and theologian are quite appropriate from the psychiatric point of view. Furthermore they lend support to a central thesis of this discussion, namely, that mental health in the schools should be thought of in terms of the central purpose for which schools exist, that is, to enable the pupils to make optimum use of the qualities, actual and potential, which they possess. Accordingly, mental health is a matter of morale, of honesty, of concern with prejudice, discrimination, cheating, fanaticism, hatred, and how teachers and pupils think of one another.

Fear of failure is frequently a good thing. Anger at injustice is likewise justified. The task of a mental health program is to aid in finding appropriate outlets for strong emotions so they may be expressed in constructive, not chaotic ways. Likewise, encouragement of positive factors which make life meaningful is fundamental. In this latter area particularly lie the greatest opportunities for the development of cooperative activities of mental health workers with other groups in the communities interested in value judgments.

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[2] Tillich, P.: *The Courage to Be;* Yale University Press, New Haven, 1952. pp.32-86.

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EDITORIALS

National Conference on Clinical Pastoral Education

Professor Paul Tillich, addressing the Fifth Annual National Conference on Clinical Pastoral Education at Atlantic City on November 9, 1956, sounded a keynote when he defined pastoral care as the "universally human function (of) helping and comforting in the dimension of ultimate concern." The Conference throughout the following three days labored studiously at the task of analyzing the implications and evolving a concept of the practices implied by the minister's "helping and comforting" function. Professors Robert C. Leslie and Seward Hiltner read papers on "The Goals of Clinical Pastoral Education," and Professor Carroll A. Wise evaluated "The Student's Training Experience in Relation to the Seminary Curriculum." The Reverends Frederick C. Kuether, Thomas W. Klink, and Judson D. Howard presented papers dealing with the problems of supervising theological students in clinical training and the transmission of supervisory skills to new supervisors. The Conference ended on a forward-looking note with Professor Paul E. Johnson leading a discussion on the question, "Where Do We Go from Here?"

No one attending this Conference could have missed feeling that significant developments are afoot in the clinical pastoral training of theological students. The broadened base of representation in the Conference was assurance of this. The named sponsors included the Association of Seminary Professors in the Practical Field, the Council for Clinical Training, the Institute of Pastoral Care, and the Lutheran Advisory Council. It seemed as if tributaries arising from sources hitherto separated were beginning to converge into a single stream. The personnel in attendance at the Conference also confirmed this. Representatives from the seminaries, from the two Associations related to the theological schools, from councils of churches, from the Institute of Religion at the (Houston) Texas Medi-

cal Center joined the institutional chaplains from the Council and the Institute, making this the most broadly representative Conference to date. Even the language of the Conference reflected a broadened approach for one heard little about "clinical training," a popular term in previous conferences, and much about "clinical pastoral education," a relatively new and broader concept.

The breadth of representation and the coming together in common counsel of many who share a common concern but have no organized fellowship (as yet) will undoubtedly make this Conference stand out as a significant milestone in the development of clinical pastoral education. Those who have served as the shepherds of the movement in the last ten or fifteen years may take legitimate pride in the developments since the first Pittsburgh Conference in 1944 or since 1949 when the Council for Clinical Training undertook a study of its own operations, or since 1951 when the Council and the Institute undertook a serious but somewhat disputatious courtship. This leaven of life and this forging of fellowship in the fires of conflict are empirical evidence of Paul Tillich's wise reminder that pastoral care is the concern of the Church and all those engaged in it are under the sovereignty of God, who is above all and, we trust, "in you all."

If the Conference manifested a broadened base of representation, it also manifested a deepened concern about the problems of clinical pastoral education. Seward Hiltner suggested that the movement in clinical training now confronts the challenge of becoming an institution. Institutional life is characteristically marked by differences of opinion, and differences were present at Atlantic City. Free and constructive exchange between representatives of the seminaries and members of the Council yielded the stated opinion that more of the same kind of communication should lead to the unanimous adoption of a single set of aims and cooperative participation in the processes of accreditation. The old question of whether the objectives of clinical training are pastoral or therapeutic also reared its head: Is the purpose to develop skills or provide therapy? Is the focus on the student or on the patient? Some of the supervisors wished that the seminaries would send them candidates who could be trained instead of candidates needing therapy. To a seminary professor, this seemed strangely like the lament so often heard among theological faculties: Why don't the churches and the colleges send us students who can be taught rather than students who need therapy?—from which it would appear that the game of "passing the buck" is as popular in the Church as in the Army. Local churches send their ministerial candidates to the seminaries "to get them straightened out"; seminaries send them to clinical training "to get them straightened out"; while neither the seminaries nor the clinical training movement wishes to accept the assignment of "straightening out" if this involves therapy. Carroll Wise wisely remarked that the student who is untrainable without therapy is also unteachable for the same reason. This

being true, both the seminaries and the clinical training movement may have to find ways of accepting the responsibility for therapy for the many promising ministerial candidates who may require it. Not totally unrelated to this was Seward Hiltner's suggestion that two possible goals for the movement in the next ten years might be research, and clinical training for theological professors. The lively discussion of these and other basic concerns, with differences of opinion freely aired, is an index of the vitality in a movement which is on its way to becoming an institution.

The Conference closed with a clear and evident intent to seek further communication on the issues. The final proposals adopted included a resolution that an "Association for Clinical Pastoral Education be formed" and that, looking forward to this, a steering committee be charged with publishing the proceedings of this Conference and planning for the next National Conference to be held in the Fall of 1957.

EARL H. FURGESON

Conversion

The *Journal* is happy to publish the article by Dr. F. C. Cesarman since it is our policy to present clinical material to our readers, and as this article in itself has a number of qualities to commend it. It also raises some questions which we shall discuss here from a clinical-pastoral rather than from a clinical-psychiatric point of view.

One question which will come to the mind of any pastor is, "What is conversion and what does Dr. Cesarman mean by conversion?" There are many ways of describing or interpreting conversion, and we need to be clear that a clinical and psychological description such as we have in this article is not to be identified with a theological interpretation. The issue here is not whether Cesarman's description is right or wrong. But accepting his description as adequate, the question is, "What does this say to or for theology and what does theology have to say about the meaning of such experiences?"

Dr. Cesarman is obviously describing a religious experience which results in the solution of a specific personal problem where a high degree of social disapproval has been felt. It is obvious in each case that the problem has deep unconscious motivation growing out of early childhood relationships. This brings to mind Anton Boisen's description of religious conversion as a reorganization of the personality in terms of what the individual conceives to be a higher social or cosmic value. In this reorganization profound disturbances may take place, indicating the depth of the conflict and the motivation of unacceptable behavior. The boundaries of any religious experience are determined in part by the individual involved, and we can err by judging the experiences of these two patients from a too sophisticated theological point of view. And perhaps we can also err too far in the other direction!

Another question which this article raises has to do with the relation

of therapy and religion. Dr. Cesarman refers to the similarity between therapy and religion, but points out that the difference is that the therapist does not punish the sinner, implying that religion does mete out punishment.

There is much in religion to support this interpretation. Much in our modern religion is of a condemning character, and to this extent religion is not therapeutic. Religion is also used by some as means of self-punishment. Sometimes we project our need for punishment on God, as did one of Dr. Cesarman's patients.

But the Christian faith, both in its essential Biblical aspects and when it finds expression in a truly redemptive experience, is always as accepting and understanding as any therapist could be. The very heart of the Christian faith is that God is on the side of the sinner, and that there is a deep reality in both man and God which the sinner is asked to accept, and to which he is asked to relate himself. This reality is of the nature of love, and it is in God's prior love and acceptance of man as a sinner that man finds the strength to accept this love in a redemptive relationship. This seems to us to be essentially what Dr. Cesarman is saying about the role of the therapist on the human level. When religion becomes punitive it not only ceases to be redemptive, but it becomes something other than the Christian faith. Indeed, theologically we would also say that understanding and acceptance works therapeutically on the human level because it is ultimately rooted in the nature of God and man's creation in the image of God.

The problem of sublimation is raised by this article. Why do some persons succeed in sublimating unacceptable impulses in religion while others fail? Why do some succeed apparently for a time, then why do their sublimations break down? What is the relation of such sublimation to attitudes toward mother and father figures? Dr. Cesarman believes that in his cases the religious experience should not be interpreted as resistance to therapy. We do not question his judgment here; we only say we have known similar cases (exhibitionism) where religious experiences were used as resistance against going into therapy or as a reason for discontinuing therapy too soon. We have also seen in these persons, as is seen so clearly in one of his, a strong need to evangelize others as a means of supporting one's own sublimation. (But let us not overgeneralize to say that this is the motivation for all evangelizing!) And we have also seen, from our vantage point within the church, that some of these persons have a strong need to be hostile to religious ideas or points of view which do not agree with their own. The disagreement seems to be a threat to their sublimation, and also an opportunity to express underlying hostility against threatening persons.

What does this article say to the pastor? It should emphasize again the interrelationships between religion and psychotherapy, and point up the need for understanding on both sides. The danger from the case approach

is overgeneralization; the danger from the theological approach is to prejudge in terms of a certain set of abstractions. There is a middle ground, and on this psychiatrists and theologians and pastors can meet for their mutual edification, and the benefit of those whom they serve.

Perhaps this article will tell some pastors that they need to be aware of the unconscious, magical needs in some persons, and that the pastor can unwittingly fall into the trap which these persons will set for him, that is, propose that he assume an omnipotent, magical power to solve their problems and free them of responsibility. This is a temptation both in counseling and in preaching, and is akin to the temptation of Jesus to jump off the pinnacle of the temple!

Again, this article should remind the pastor of his need for constantly deepening his understanding of the forces that contribute to personality development and change, and how they operate on the human level. The strong theological emphasis today that says we just need to know what God has done for man, and that anything approaching the problem of redemption on the human level is "humanistic," is a real threat to the development of a creative pastoral ministry. As long as we are true to the Christian faith, we cannot neglect what God has done for man in Christ; as long as we are true to our pastoral calling, we must deepen our understanding of the forces which operate within man toward either his redemption or his destruction. It is false to posit a conflict between these points of view unless one does not have an adequate doctrine of Creation. The pastor cannot understand too well what is in man. Indeed, this is also one of the sources of our knowledge of God.

C. A. W.

Editorial Board Changes

As will be noted on our inside cover, we enter the New Year with some Editorial Board changes. Dr. Carroll A. Wise has been elected President of the Board of Governors of the Council for Clinical Training, and has asked to be relieved of some *Journal* responsibilities. We congratulate him and wish him well in the new responsibilities he has undertaken; and we are happy that Dr. Wise finds it possible to continue as a member of the Board.

We feel that the contribution the *Journal* is making, and the increased demands being placed on individual Board members, necessitated an increase in the Board membership and some changes in the function of various positions. Hence the membership on the Board has been expanded, and we are pleased to announce the appointment of two leaders in the field of theological education.

Dr. Otis R. Rice, Chaplain and Director of Religious Activities at Saint Luke's Hospital, New York City, has long been a pioneer and outstanding figure in promoting clinical pastoral care. Through his capable

and patient guidance the Council for Clinical Training weathered some of its most difficult days. Had it not been for the leadership he has given the Board of Governors, supported by Robert Brinkman and Frederick C. Kuether as former Directors, it would be quite accurate to say that there would probably be no Council for Clinical Training today. For several years Dr. Rice has been Executive Secretary of the Department of Pastoral Services of the National Council of Churches of Christ in America. As a lecturer, consultant, and pastoral counselor he has made a unique contribution and has achieved national recognition. We welcome him to the Board and look forward to further gains for the *Journal* in our opportunity to benefit from his wide experience.

Dr. Carl Michalson, Professor of Systematic Theology at Drew Theological Seminary, and member of the Board of Governors of the Council for Clinical Training, is our second welcome addition to the Board. He is the author of *Christianity and the Existentialists.* For several years Dr. Michalson has demonstrated an increasing interest in the importance of dialogue (in the sense that Martin Buber uses it) between the theoretical and the practical, the academic and the pastoral. He brings to our Board the theological perceptions so essential to the maturation of the emerging pastoral insights. We warmly welcome him and his counsel in the sharing of our mutual professional goals.

The growing administrative and editorial responsibilities of publishing the *Journal* have made it necessary to redefine the positions of Editor-in-Chief and Managing Editor. In order to do this the position of Business Manager has been reestablished, and Miss Emily A. Spickler, Executive Secretary of the Council for Clinical Training, Inc., has agreed to assume the additional responsibilities of Business Manager for the *Journal.* Miss Spickler has already made an outstanding contribution to the management of the Council's business concerns, and her appointment will guarantee that the functions of the Business Manager will be carried out with maximum efficiency. Miss Spickler will henceforth be responsible for circulation, promotion, disbursements, and all other non-editorial concerns. We are most grateful to Miss Spickler and welcome her increased official activity in the *Journal* family.

Dr. Luberta M. McCabe continues as our Managing Editor, a position she has handled so ably that to her goes the major share of the credit for the growth and present efficient operation of the *Journal.* With the creation of the position of Business Manager, we have been able to increase and broaden the editorial responsibilities of the Managing Editor. All editorial material will be directed through Dr. McCabe as Managing Editor.

This shifting of responsibilities has eased considerably the burden carried by the Editor-in-Chief, thus making it possible for him to continue for the time being.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

They Stand Apart: A Critical Survey of the Problems of Homosexuality: Edited by J. Tudor Rees and Harley V. Usill; Macmillan, New York, 1955. 220 pp. $3.75.

They Stand Apart aims to describe "all relevant factors affecting the problem [of homosexuality], bearing in mind that there are two parties to be considered—society and the individual, each having inherent rights . . . to be safeguarded." This is an ambitious undertaking which this book accomplishes better than any other this reviewer has seen. No final answers are given since none are yet available. Besides a description of the psychodynamics of homosexuality which will be helpful to the pastoral counselor, this volume deals more completely with the moral and legal problems of inversion than any other book in the English language.

No small conflict arises from the need to protect the homosexual's right to choose his own method of sexual satisfaction, while at the same time protecting society from his seduction of predisposed young boys, who are most preferred by experienced inverts. Since there is no legal bond between inverts, intense jealousies result, and their "marriages" are therefore short-lived, as so clearly portrayed in a patient's own account in Dr. Gerber's *Man on a Pendulum* (American Press, 1956). As a result, the homosexual is always on the move from one bed or lavatory to the next.

Although this book, written in England, concerns British law and mores, homosexuality differs little around the world, and we can apply this book's conclusions, where relevant, to our own nation. Since England imprisons homosexuals caught molesting under-age boys, Judge Rees recommends a new type of institution where the invert, isolated from regular criminals, would be helped toward sublimating his sex drive (if that were possible!) through useful work. But all-male settings, which are known to encourage the diffusion of homosexual behavior, only aggravate the problem. A chief danger of strict laws, besides encouraging those inverts who thrive upon the "forbidden," is the resultant fear of blackmail, a strong reason against the laws as they stand.

The books contains a unique compilation of the laws relating to homosexuality in the countries of Western Europe; unfortunately not also of America and Canada. Laws must have general application and they assume that a man is aware of, and responsible for, the consequences of his acts. That the "fear of punishment acts as a powerful deterrent" is generally true *except* with sexual behavior, where it is apt, if anything, to *increase* the drive! Judge Rees opposes the plea of an "irresistible impulse" by quoting a fellow judge's rather naive remark: "An irresistible impulse is an impulse that must be resisted." This is easier said than done for some people. Although the invert may have the willpower, he lacks the reason for inhibiting his homosexual activities. Wanting sexual satisfaction like anyone else and dreading the

"overpowering female" he imagines each woman to be, he has left only autoerotic and homosexual outlets.

Because of parental injunction, he may feel more guilt about masturbation than about inversion. Homosexuality becomes such a compulsive act that the invert will take great risks to find a partner for his needs.

Dr. W. Lindesay Neustatter, a physician, favors the "irresistible impulse" theory that Rees opposes. Neustatter points out that the "prohibitions set up by [a patient's] strict upbringing [may cause] out of wedlock heterosexual practices to appear worse to him than homosexual ones" (p. 89). It is true that many male patients, taught by their parents to avoid girls, prefer male companionship to the tabooed and "sinister" females. And successful professional women may prefer inversion to marriage which might interfere with their careers.

Although Viscount Hailsham contends that homosexuals are "incurable," psychotherapists are not quite so pessimistic, admitting, however, that the invert, unwilling to change, cannot be helped. Hailsham, like Rees, stresses sublimation, which is almost as difficult for the overt homosexual to achieve as cure. To eradicate the opportunity for blackmail, Mr. Hailsham advocates limiting the homosexual laws to protection from assault and the corruption of youth. He sees homosexuality as a "proselytizing religion," with "initiation by an adept" as its principal cause (p. 22). It is for this reason, he points out, that inversion is contagious and self-perpetuating.

This reviewer, from his own experience in treating homosexuals, can fully endorse Hailsham's statement that "nearly all the homosexuals I have known have been emotionally unbalanced and profoundly unhappy" (pp. 25-26). The invert often *claims* to be content with his situation, even in the face of contrary evidence from objective tests and clinical observations and interviews; but, defensively, he is only whistling in the dark.

Hailsham cites the often-used reasons for the invert's unhappiness as due to "incompatible sex organs" and "inability to have children." But personality factors are more important. How can two promiscuous and jealous, frightened, and suspicious people be expected to live together harmoniously? Romantic attachments with some degree of respect persist only when inverts avoid sexual intimacy, i.e., when they are physically unattractive to each other.

The Rev. D. S. Bailey of the Church of England Moral Welfare Council suggests that there is no such thing as a bisexual, but only heterosexuals deprived temporarily (as in prison) of the opposite sex. But we know of bisexual patients who, as they put it, "take all comers" from among their Bohemian friends, regardless of sex. A genuine bisexual type seems to exist. Dr. Bailey quotes the *Summa Theologica* where Thomas Aquinas states that the moral act is "one which is consonant with right reason, being directed to its proper end in a fitting manner." In sexual acts, procreation is considered by most theologians the "proper end," and natural intercourse the "fitting manner." Since inversion is "against nature, lustful, and, therefore, sinful," it is therefore considered a transgression against God's will.

It is important to remember that the homosexual, like all men, has the privilege of free will. If inversion occurs, it is voluntary and, therefore, sub-

ject, states Bailey, to moral judgment. It is rare that a person does not know intuitively that homosexual acts are immoral, and the invert must, therefore, be held responsible for his behavior. This would still not necessarily erase the plea used in court of "irresistible impulse," since awareness is not necessarily followed by self-control.

The homosexual becomes a convenient scapegoat for those involved in other sexual offenses. If inversion is punished, asks Dr. Bailey, why not other sexual sins such as prostitution, adultery, illegitimate parenthood, and lesbianism? Is there any evidence that homosexuality is more anti-social than other forms of sexual wrongdoing? The law which makes the invert a "criminal" has helped create a homosexual underworld and a "self-conscious and aggrieved minority which might prove a dangerous focus for social or political disaffection" (p. 59). Legal attempts to suppress inversion have not decreased its prevalency and "may be little more than *efforts to cure symptoms while neglecting the disease*" (p. 61; italics mine—HKF).

From *They Stand Apart,* the pastoral counselor will gain a broader understanding of the problems of the homosexual and a realization of the need for referring such people who seek help to a reputable psychotherapist or psychoanalyst because of the lengthy and difficult depth type of treatment required for which most ministers would have insufficient time and training.

HAROLD KENNETH FINK, PH.D.

•

The Purpose of the Church and Its Ministry: H. Richard Niebuhr; Harper, New York, 1956. 134 pp. $2.50.

This volume is presented as the first part of the report of The Study of Theological Education in the United States and Canada, made possible by a grant from the Carnegie Corporation. In its preparation, colleagues of the author, Daniel Day Williams and James M. Gustafson collaborated. It offers an interpretation of the findings of the study without presenting the concrete material on which the interpretation is based.

The orientation of the book is theological. The idea of the ministry is set against the idea of the Church. Reform of theological education waits for a reformulation of the theology of the Church. The situation of the Church is described through the use of "polar analysis," that is, the Church is viewed briefly as the subjective pole of the objective rule of God; as a community but also as an institution; as local but also universal; protestant and Catholic; one and many. The purpose of the Church is the increase among men of the love of God and neighbor. Much confusion exists, according to the author, because of confusion of proximate and ultimate goals in the Church and in theological education.

To use the author's repeated phrase, a new conception of the ministry "seems to be emerging." The minister is a "pastoral-director." In this concept he has many duties, but "the work that lays greatest claim to his time and thought is the care of a church, the administration of a community that is directed toward the whole purpose of the Church." "The Church is becoming the minister and its 'minister' is its servant, directing it in its service."

A theological school is that place where the Church exercises its intellectual love of God and neighbor and where reflection and criticism are brought to bear on the life and activity of the Church. Here the author emphasizes that theology deals with what is known and knowable about God in relation to self and neighbor, and self and neighbor in relation to God, but the dimension of the relation of man to man is curiously omitted.

This is a very stimulating book. It is written with clarity and forcefulness, and even though one may not accept certain basic ideas, he will find many insights into theological education which are bound to be helpful. Certainly the writer knows whereof he speaks, though of course he speaks from a definite point of view.

The reader interested in clinical pastoral training will find the volume raising questions, in addition to the question as to why interpretations are presented without the study material on which interpretations are based. Thus he finds the author stressing the intellectual function of the seminary, but also being aware that more than an "intellectual love of God and neighbor" is needed by the pastor. This is exactly what the clinical pastoral training movement has been trying to say for twenty-five years, yet this aspect of theological education receives scant attention in the volume. Neither does he give any recognition to the value of clinical pastoral training in helping a student to grow into a deeper-than-intellectual love of God and neighbor, and its value in helping the pastor to an understanding of the neighbor's existential situation. Also, if theological education is to fulfill the goals set forth in this book, it must give more attention than is suggested here to the student as a person. There are aspects of the student's growth in addition to the intellectual for which the seminary must take more responsibility, and these are clearly seen from the perspective of clinical training. Finally we are led to question the "emerging concept" of the pastoral director, because we believe we see a different concept of the pastor and his role emerging.

CARROLL A. WISE

•

Centennial Papers, Saint Elizabeths Hospital, 1855-1955: Centennial Commission, Saint Elizabeths Hospital; Waverly Press, Baltimore, Maryland, 1956. 251 pp. $3.50.

Representing the scholarly papers read to the friends, alumni, and staff of Saint Elizabeths Hospital, at the scientific session which highlighted the centennial celebrations, this volume will be of particular interest to the readers of this *Journal.*

Included is an excellent summary by Dr. Winfred Overholser, the fifth and present superintendent, of the outstanding contributions the hospital has made in its first one hundred years, as well as a brief glimpse at some of its significant history during this period. As one reads this graphic account by Dr. Overholser, it is to become impressed with this hospital's leadership in psychiatric progress, through the capable guidance of only five superintendents in one hundred years. Much more could, of course, have been said than is possible in an introductory statement. It is to be hoped that a full history of the hospital will soon be written in order to make clear the tremendous contribu-

tion made by this institution, not only to America, but to world-wide psychiatric progress.

The papers cover a wide variety of areas. The Centennial's Program Committee invited recognized leaders in the field of psychiatry and its allied disciplines to present current thinking in their fields. Though all of the papers are by no means of uniform quality, as a whole they rate high as informative contributions. An examination of the scientific contributions by the staff; a history of the Hospital's place in medico-legal developments; a review of the international scene; contributions from many cognate specialties; and papers dealing with special interests of world leaders in psychiatry make up a stimulating volume.

For the clergyman with some psychiatric background, three papers will prove of special interest. "New Challenges in Residency Education," by Dr. Henry Brosin, will have significant meaning to those interested in developing clinical pastoral education. Dr. Robert Felix' paper on "The Role of the Federal Government in Mental Health" suggests opportunities for the clergyman to give constructive aid in dealing with our nation's "number one health problem." Finally, the excellent paper by Dr. Alfred H. Stanton on "The Study of the Psychiatric Hospital as a Therapeutic Society" does much to clarify some of the basic needs in attempting to help those who have had serious difficulties in living.

It was the considered judgment of the Centennial Committee not to have any papers presented at this conference relating to chaplaincy work, anticipating that with the opening of the new interfaith chapel in 1956 a special conference could deal with chaplain concerns. Not so easily understood is why in the listing of the "Scientific Contributions of Saint Elizabeths Hospital" by Dr. Nolan C. Lewis, no report is made of the publications of the chaplains, of which there are known to be at least fifteen, one of them a Ph.D. thesis accepted by Catholic University.

The Hospital has a right to be proud of its history. It has lived up to its founder's hope: "The most humane care and most enlightened curative treatment." In so doing, it has added significantly to psychiatric history. Not the least of its additions were the televising and photographing of patients who participated in the famous "Cry of Humanity," produced for the Centennial, with no attempt at anonymity. A film of the nation-wide telecast, "We, the Mentally Ill," based on this production, a radical departure from accepted hospital procedure, has been made available through Smith, Kline and French Laboratories.

All who are interested in man's contribution toward an increased understanding of his fellow man's emotional sufferings and their alleviation, as well as the many alumni and friends of the Hospital, whether present or not for the centennial celebrations, will welcome the opportunity to own this book.

ERNEST E. BRUDER

•

Clinical Training for Pastoral Care: David Belgum; Westminster Press, Philadelphia, 1956. 132 pp. $3.00.

At the 1956 National Conference on Clinical Pastoral Education a con-

siderable and representative body of churchmen affirmed that "clinical pastoral education is an instrument of God's Kingdom" and "we feel a sense of stewardship for this instrument." To this group and to all others interested in the clinical pastoral education movement the publication of a book under this title should be a cause for joy. However, this reviewer, who shares in this sense of stewardship, has found the book to be disappointing.

First of all, the content of the book is something other than the title would suggest. The book is *not* about clinical training. Except for a four-page "Conclusion" in which Dr. Belgum warns against the "narrow-mindedness of specialization" and urges "the well-rounded theological education and the larger perspective," the place of clinical pastoral training in theological education and in the larger life of the church is not discussed in terms of its methodology, rationale, or goals. Pastoral care as discussed in this book is limited almost exclusively to the hospitalized patient, though it is frequently implied that the "rules" of pastoral care as applied to such a patient are applicable to most other areas of the pastoral ministry.

A second weakness of the book is the absence of some definition on the part of the author as to whom he is directing his remarks. At one moment he seems to be speaking to the parish clergyman. At other times his remarks are addressed to the full-time chaplain who is a member of a hospital staff, to students who are beginning a period of clinical training, and to supervisors of clinical training.

Actually the book constitutes an attempt to summarize some of the insights gained in and through clinical pastoral education. The reader is told something of the historic relation between religion and healing. He is introduced to the problems of the various members of the hospital therapeutic team. The common and the unique resources of the pastor are outlined. The do's and don't's of a pastoral call are summarized. The reader is urged to record his pastoral interviews and is given instructions as to how to record an interview for supervisory evaluation. Several such interviews are presented to indicate the rewards of such recording.

The clergyman who has not had supervised clinical experience may feel (though this reviewer is confident this is not the intention of the author) that he has reaped the rewards of such training through the pages of this book. On the other hand, the clinically trained pastor or chaplain will agree with many things Dr. Belgum has to say, though the former will have the feeling that he has heard these things before, for the basic impression of the book is that these are a series of orientation lectures to be given the first week of a beginning clinical pastoral training program.

It reflects perhaps the present state of clinical pastoral training when one notes that the "don't's" of pastoral care receive much more explicit attention than the "do's"; e.g., "Don't sit on or jiggle the bed. Don't stay too long. Don't ask embarrassing questions about the patient's illness. Don't pry into the person's life and background. Don't give medical advice, etc. But more important and helpful is the continual practice of putting oneself in the patient's place, trying to understand his condition and situation, and caring for a fellow human being in need."

Frequently matters of detail seem to receive more attention than the fundamentals of pastoral care. For example: Four paragraphs are devoted to a discussion of "Worship and Group Methods" as pastoral resources. Of these four, one paragraph gives detailed instructions for the construction of a combination bookcase and altar for use in ward services, and no mention is made of preaching.

Perhaps the most stimulating portion of the book for this reviewer was an outline of the classical steps along the way of salvation, i.e., sin, repentance, confession, forgiveness, etc., as exemplified in pastoral care.

ROBERT NACE

•

Religious Factors in Mental Illness: Wayne E. Oates; Association Press; New York, 1955. 239 pp. $3.50.

The expressed purposes of this book are to provide some cross-fertilization of ideas between religion and psychiatry, to aid the reader in understanding the causes of the often distorted religious views of mental patients, and to "contribute to the psychological understanding of religion."

Professor Oates presents both the clerical and the psychiatric viewpoint in a fair and unbiased manner, displaying his rather unusual and exceptional background in both fields. He points up the errors as well as the good points of both approaches. Religious dogma can contribute to emotional illness or delay a patient's improvement if he has been indoctrinated by a rigid religious sect with excessively restrictive and inflexible concepts and rules of living. Man's forward-going tendencies have little opportunity for realization when such chains restrain him. Although genuine religious faith is no certain defense against mental breakdown, it can—in a healthy, vital form—aid man's difficult adjustment to a complex society in which he so often finds himself an outcast, and serve as a powerful incentive in his strivings for self-betterment.

Emphasizing man's need for interpersonal relationship and identification, Dr. Oates points out that man cannot live effectively in isolation. Neither indifference nor self-centeredness can become a satisfactory basis for dynamic living. And Christianity underlines, above all things, love, tolerance, and forgiveness, all of which can be considered as opposites of self-centeredness.

The author calls for a constructive and intelligent mutual cooperation between clergyman and psychotherapist in treating patients with religious conflicts. By working as a team, the pastoral counselor and the therapist can best serve the patient and safeguard his welfare, and thus benefit the entire community. Yet each professional worker has his own special province and should not encroach upon the other's territory: The psychotherapist should not try to tamper with the patient's religious beliefs by trying to analyze away his conversion and other spiritual experiences, but should rather call upon the pastoral counselor to help the patient work through problems of a religious nature.

This reviewer would take issue with Dr. Oates' criticism of ministers who are training to be pastoral counselors. His argument is that *all* religious

workers should be counselors, but it is doubtful that all are suited for this exacting task, just as there are men with unsuitable temperaments in clinical training for psychiatry and clinical psychology, who fall by the wayside. Specialization is as necessary in religion as in other fields if the public is to be effectively served and aided. The patient is protected by the fact of specialization which requires extended training of an intensive and advanced sort.

Professor Oates provides a clear distinction between the mature man's motivation, stemming from a conscience and awareness based on ideals rather than irrational guilt—and the psychotic's private belief and behavior, based not on spiritual strivings but on misinterpretations of religious concepts resulting from his own mental confusion. The schizophrenic interprets religious symbols literally, mistaking the symbol for reality. The psychotic's ideas tend to be compulsive and lack spontaneity. He is immodest concerning his religious beliefs, tending to claim them as exclusively his own. Because of obsessive, persistent guilt, atonement may be ever on his mind, which he may seek through masochistic rituals and self-torture.

By means of case studies, Oates clarifies the distinction between normal religious devotion and the religious delusions of the psychotic. The minister needs some clinical training and extensive reading in the psychiatric literature in order to avoid accepting such delusions in a church member as genuine religious inspiration. The dividing line may be very thin. When in doubt, he can consult with a psychiatrist. By the same token, the psychiatrist or psychotherapist may find it expedient to refer a patient to the minister and work conjointly with him if uncertain as to the genuineness of the patient's religious beliefs. Through ignorance of the conventional views of a religious sect, the psychiatrist may find himself out on a limb if he assumes that the concepts of a member of some religious group are necessarily "neurotic" or "psychotic."

The author takes a justifiable poke at popularized and materialistic religious approaches that emphasize "positive thinking" and "peace of mind," where religion is distorted to fit Freud's designation of an "opiate of the people." With such an approach religion becomes "less of an ethical concern and more of a means of reassurance" and "an attempt at releasing tension."

Dr. Oates' contribution to the growing number of books on a rapprochement between religion and psychiatry answers its threefold purpose as originally stated above, and should find many readers among workers in both fields. It is a book that can be used for reference purposes, not just to be read once and laid aside. It is hoped that the next edition will include a much-needed index in order to increase its usefulness even more.

HAROLD KENNETH FINK

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The Minister's Consultation Clinic: Pastoral Psychology in Action: Simon Doniger (Editor); Channel Press, New York, 1955. 316 pp. $3.95.

This unique book offers a "working tool for those active in pastoral psychology" and a "guidebook for those who have not yet added this phase of ministry to their program." Dr. Doniger has organized and classified repre-

sentative questions by ministers concerning pastoral counseling programs and problems from the monthly column, "The Consultation Clinic" in his journal, *Pastoral Psychology*. A panel of almost one hundred ministers, psychiatrists, psychologists, and social scientists supplied the fruitful answers, directed to the minister but helpful to all workers in the fields of counseling and psychotherapy. Many views are expressed, but with a surprising general unanimity.

Psychosomatic medicine's emphasis on the unity of mind and body is basic to the book's philosophy. There is evidence of a mass return to church as a "place of refuge from the ruthless competition of the marketplace." In church, people are accepted "for their value as people . . . and not as commodities," a reminder of Buber's comparison of "thou" and "it."

This symposium distinguishes between neurotic religious fanaticism which can precipitate emotional illness, and constructive religious faith which can enrich personality and character development. Peace-of-mind panaceas are described as "mere palliatives and escapes from living rather than aids in facing life . . . realistically."

The importance of the minister's traditional function as a preacher is being surpassed by his role as healer of souls. Many ministers complain that the community makes increasing demands on them while allowing them little time for their families. A favorite and apparently successful solution to this problem, described in the book, is through the training of intelligent lay members of the church to assume, under the minister's supervision, his less serious visitation and counseling duties.

There is much discussion as to when to use a non-directive approach. It is good to find the book emphasizing Carl Rogers' principle of respect for the individual as a self-determining and self-governing person. The goal of counseling, according to Rogers, is to free the client to become what he is capable of being, i.e., to release his full potential through a permissive—but not passive!—non-authoritarian approach. A genuine, loving concern (agape) is stressed in such statements as "Through love, persons find freedom to love." Whatever technique is used, there is a healthy emphasis—as in all good psychotherapy—on the self-direction of the individual, so that, though he receives suggestions, he makes his own decisions.

Introspection should be encouraged through a non-coercive technique which allows the person to set his own speed in counseling. Several ministers suggest that too much probing is "dangerous." Analysis of the person's difficulties should never become more important than integration, or else "paralysis by analysis" may result. The pastoral counselor should wait till his client is ready for a particular insight. Although it is beneficial to allow the client to decide what he wishes to discuss, probing is not so "dangerous" as implied. A client may circle around significant material for many sessions unless encouraged to deal with what he is obviously avoiding and suppressing. As a protection against having to reveal the real issues, the client may discuss superficial matters which cause in him neither anxiety nor real concern. But when he sees that the minister is not shocked by what he is trying to say, the client is better able to talk more freely.

In the counseling situation, natural curiosity must be sacrificed if opposed

to the client's best interests. Concerning this, psychiatrist Milton Kirkpatrick states: "I make it a practice never to ask a personal question of a patient until I first ask myself, 'Is this question clinically necessary for my understanding of this individual?'"

Particularly valuable and helpful to the pastoral counselor (and psychotherapist) are the closing sections on how to handle the family of a suicide, and grief, senility, and fatal illness; sex education and the child in trouble; the alcoholic, psychopath, and homosexual. The need for a sympathetic understanding of the homosexual requires awareness of the fact that he is not a "delinquent" deliberately defying society's mores, but a victim of an incomplete psychosexual development.

The book closes with instructions for the minister in maintaining nonburdensome clinical records. Since hunting for something through several tables of contents in the different sections of the book is impractical, an index would be helpful in the next proposed volume of this work. But the abundance of good suggestions concerning effective pastoral counseling to be found in this compact and valuable volume are well worth the search.

HAROLD KENNETH FINK

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Anxiety in Christian Experience: Wayne E. Oates; Westminster Press, Philadelphia, 1955. 156 pp. $3.00.

The problem of anxiety, as the author shows, is a basic issue in any adequate psychology of religious experience. The needs of anxious persons bring to focus the insights of the Bible and psychological truth. Out of this moving drama of man's need and God's redemption through Christ may emerge a theology for pastoral counseling.

Among the many anxieties suffered by contemporary man, the author examines first economic anxiety, for economic distress may devastate the whole person and blind him to other needs. He then considers finitude anxiety, in which man "fretfully grasps at the uncertain security of the temporal"; and the anxiety of grief, as a person seeks to reaffirm life in the face of loss and separation. The anxiety of sin arises also from separation or alienation, and the need to restore communication with those whom he has estranged. There are people who act out rather than feel their anxiety, in ways that cause trouble for others, and appear to be morally indifferent, though actually threatened by tenderness. They are probably acting out a pattern of rebellion in response to rejection.

In each of these facets of anxiety the situation is analyzed psychologically and related to Biblical and theological ways of responding to the anxiety. The turning-point in Christian experience is the creative anxiety of the cross. Each anxiety needs a spiritual rebirth of death and resurrection to a new life through faith. "Yet the cross itself presents the most intense anxiety of all, the tension of impending birth." The experience of holy dread, which both Kierkegaard and Otto note, is profoundly disturbing before the awesome God, yet it opens the way for the giving of self into a fellowship of concern to respond to the needs of others beyond egocentric anxieties. The counseling work of a pastor is not done in isolation but as a function of Christian fellowship.

We are grateful to Wayne Oates for putting the anxieties of our time in the creative context of Christian experience. He has given us illuminating insights to return to and ponder over again and again.

PAUL E. JOHNSON

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In-Laws, Pro and Con: Evelyn Millis Duvall; Associated Press, New York, 1954. 366 pp. $3.95.

In-laws are the text of many jokes, and the author of this book begins with the problem of in-law jokes. From here she moves into a discussion of the in-law roles in their various aspects. The major emphasis of the book is on mother in-laws, but other types of in-law relationships also come under discussion. The book is a combination of humor and serious insights into in-law relationships, moving somewhat toward a dynamic understanding of these relationships. Sound psychological insights are pointed out. Certainly one becomes aware of the principle that others, who have achieved enough emotional maturity to make it possible for their own children to grow, become in turn the best mother in-laws. This is what we would expect to find since older persons tend to maintain the same relationship with their grown children that they had when the children were small. There is some indication in the book that there is a tendency for closer relationships within families today in which the in-laws are brought into more meaningful part of family life. Should this be true, it is a very healthy sign.

This book well could be a basis for discussion in groups of older people who face some of these problems of their relationship to their married children. Young married couples might get some insights here, too, through reading and discussion. The pastor who is well trained in psychology and counseling will not find the book contributes much to his understanding of the dynamics of the in-law relationship, but the pastor who has not yet had training in these areas will find that the book will offer considerable helpful insights.

CARROLL A. WISE

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The Kingdom of God: John Bright; Abingdon-Cokesbury, New York, 1953. 288 pp. $3.75.

The author, who is Professor of Old Testament at Union Theological Seminary in Richmond, Virginia, shows how the underlying concept of the kingdom of God, a kingdom not made with hands, is like a golden thread woven the length and breadth of both the Old Testament and the New Testament record. The major portion of the book is devoted to the idea of the kingdom of God as seen through the eyes of the "chosen" people with the emphasis on the idea of the chosen people of God as the true representatives of the kingdom which was promulgated by the prophets and religious leaders. The New Testament concept of the kingdom is not dismissed, but Author Bright shows how this idea was not tied with the political "ups" and "downs" of a particular people. The idea of the remnant is always predominant in the Old Testament. In the New Testament it is bound to a person—Jesus Christ.

In expanding his thesis on the development of the kingdom of God, Dr. Bright makes the reader plow through a most comprehensive and, at times, exhausting study of the Old Testament political and economic upheavals of the chosen people. The fruition of the kingdom concept is neatly consummated with the coming of Christ as the "Suffering Servant" of the kingdom. This was the "offense," the "scandal," about which Brunner wrote so provocatively; it was the occasion for the rejection by the Pharisees and the scribes who maintained that the kingdom came out of law and order and not out of a "servant" class.

Jesus' own concept of the kingdom was understood in the context of the "Suffering Servant." The Church, then, is to be the witness to this Servant, and in the New Testament era was to be the uncompromising witness to the Truth incarnate in human flesh. The kingdom is both a present reality and a future consummation. This is the eschatological call of the Church.

This unifying theme of the kingdom is to be the motivating force of the Church. The Church then reaffirms the idea that it is the redemptive community, just as in the Old Testament, the chosen people were the community of God. These two ideas are tied together in Christ. This does not refer to the visible Church busy with its programs. The kingdom will come, though the visible Church is tied to the present age and in spite of her involvement. "And the New Testament answer is: There shall be no program given you—except to be the Church!"

The book has value for the preacher-pastor because of its fresh approach to the Biblical concept of the Kingdom of God and because it is important to re-study and re-think this concept in view of the tremendous urgency of the present moment for the Church to be and remain always the Church.

The book is recommended to students of pastoral care and theology alike, because there is the ever-present danger that students of the "new theology" of pastoral care may neglect Biblical theology in its best sense.

The last two chapters in the book deserve careful reading, study, and thought by students in clinical pastoral care, as well as by parish ministers. It is not easy reading. The arresting speech and clear style, however, offer quotable material for the serious student of preaching and pastoral care.

C. CHARLES BACHMANN

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Responsibility: Sir Walter Moberly; Seabury, Greenwich, Connecticut, 1956. 62 pp. $1.25.

The full title of this small book is *Responsibility, the Concept in Psychology, in the Law, and in the Christian Faith.* Briefly, the author points out that failure to live up to legal responsibility gives rise to liability to punishment. As the purpose of the law is to make social life possible, it must furnish an easily understandable minimum standard applicable to all members of society. Punishment for violation of this standard must be based on simple and uniform tests without regard, except in extreme cases such as legal insanity, to differences in individual capabilities and circumstances.

The psychologist, on the other hand, maintains that responsibility cannot be determined without taking into account the individual's personality, background, and moral capacity. What is blameworthy in one person may not be so in his neighbor. Disorderly conduct is a disease to be cured, not punished. While there are some criminals who should be segregated for the protection of society, they are fewer than is generally supposed, and borderline cases should be treated as curable.

The Christian approach to wrongdoing differs from both of these. Sin is not the same as crime, but is a condition of the heart. The developed Christian conscience is severe toward itself and generous and compassionate toward others, its reaction being inspired by charity. The Prodigal's father and the Good Shepherd neither punished for infraction of an external code nor condemned for failure to comply with subjective standards. They extended a welcoming love that accomplished far more, "a free, generous and seemingly reckless outgoing, regardless of reciprocity." To exercise such charity "is to tread in the footsteps of Christ."

This outline is far too brief to indicate the richness of the author's thinking. With understanding and charity he discusses each of the three concepts both philosophically and as applied to actual living. The aptness of his illustrations and the keenness of his analysis combine to make of this little treatise a helpful and stimulating exposition of a very timely problem.

JAMES GARFIELD

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Human Relations in Action: Calvin C. Thomason; Prentice-Hall, Inc., New York, 1947. 217 pp. $4.40.

This book (in its fourth printing) accomplishes the author's purpose in that it is ideal for discussion groups. Used as a textbook, both for the undergraduate and adult courses at the Rochester Institute of Technology, it is neatly divided into units, each having a subject for discussion, a list of objectives or reasons for discussing that particular subject, and, at the end, many problems and cases illustrating those subjects.

Because the cases have been collected for more than twenty years from the wealth of material supplied by the highly industrialized Rochester area, they are truly "human relations in action." However, for one not in industry, a glance at the unit headings will suffice in many instances, because courses in physiology and elementary psychology will have covered more thoroughly many of the subjects for discussion.

Great progress has been made in industrial relations during this century, and this is outlined in Unit 15, entitled, "Personnel." This particular unit should be read by anyone outside of industry who wants to know what has been done toward better labor relations, but it is far from complete.

In spite of this progress, however, the author reminds us that the best plans for good labor relations fail because of the spirit with which they are administered. The entire basis for good human relations is a Christian attitude toward one's fellow men. Without it, no plan will succeed.

Human relations in industry can be studied and discussed, but this reviewer feels that for one who wants to know how it works, a temporary job in some factory or at least contacts with several personnel men accomplish far more than reading this book.

GEORGE WELLS

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Christian Doctrine: John Mackintosh Shaw; Philosophical Library, New York, 1954. 378 pp. $6.00.

For many years Dr. Shaw has been teaching theology in Kingston, Ontario, and now he has gathered up the results of his labors into a single volume designed not only for ministers and students, but also for thoughtful laymen. He seeks to evaluate the worth of varying historical formulations of Christian doctrine and then to express what he regards as essential and abiding in terms meaningful and impelling for the age in which we live.

The author acknowledges a particular indebtedness to his early teacher, H. R. Mackintosh, and it is within the best Scottish tradition that he himself stands. He writes clearly and persuasively and keeps constantly before his readers the personal rather than the institutional side of the Christian religion. He divides his book into five main parts—God, Man, Christ, the Spirit, and Eschatology—and brings to each theme a mind which has thought much for itself and drawn upon the wisdom of others during a long teaching ministry. It is not a book which contributes any specifically new interpretation of the Christian faith, but as a balanced and well-constructed presentation of essential Christian doctrine, it can be warmly recommended.

F. W. DILLISTONE

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The Intake Process: Various authors; Family Service Association, New York, 1954. 39 pp. 85 cents.

Clergymen who minister in larger communities wherein there are professional social work resources will find this collection of papers of value. Despite the burden of jargon, this collection of professional papers ought to help the minister to understand more specifically the many factors considered by trained social workers as they share in initial interviews with people under stress who are seeking help.

In these days of growing caseloads and increasing shortage of trained personnel, these six presentations include one entitled, "Intake and the Waiting List: A Differential Approach." Written by a psychiatric social worker and a psychiatrist, this paper assists the reader to understand one child guidance center's intelligent and practical approach to the problem of "the waiting list." The writers' statement in their summary, that "the amount of professional help rendered to the parents and to the child should vary in inverse proportion to the abilities of the parents to carry such responsibility," is the principle reflected throughout their paper.

The final offering, "Short-Term Casework with Clients under Stress," by a Travelers Aid Society staff member, should be of real benefit to the clergy

who frequently answer their doorbells, to find there a person or a family asking for "funds so we can get back home."

HENRY H. WIESBAUER

•

The High School Student, A Book of Cases: John W. M. Rothney; Dryden Press, New York, 1953. 271 pp. $1.90.

The author has gathered together 27 case studies of representative high-school students. They are written in considerable detail, including only data which "seemed likely to serve as an aid to the understanding of the individual," or which might be used as a stimulus for discussion in a classroom situation. The histories are complete enough to give a clear picture of each student as he reacts to various school situations; and the discussion of these cases would be helpful in preparing student teachers for conditions they will likely face in their classrooms. While written primarily to aid prospective public-school teachers in their understanding of typical students, this book may also prove helpful to those religious leaders with responsibilities for working with high-school students.

PHILIP C. PUTNAM

•

Christian Ethics and Moral Philosophy: George F. Thomas; Scribners, New York, 1955. 539 pp. $5.75.

Here is a highly competent and readable survey of Christian ethics, which has already been used as a text in many introductory courses in colleges and seminaries, and will continue to be. It is, in fact, a polished version of Dr. Thomas's own fine course of lectures offered in past years to Princeton undergraduates. Following Temple and other modern philosophers, the author develops a concept of self-love which is conceived as self-giving rather than self-denial, but never as self-annihilating, and thus interprets the element of *agape* in Christian ethics in accordance with modern psychological realism.

The first part of the book outlines Christian ethical principles and their basis in Bible and Church history, the second formulates a Christian doctrine of man, the third deals with the bearing of Christian ethics upon the social orders, and the fourth interprets the relation between Christian ethics and philosophical ethics, in terms of faith and reason as partners rather than alternatives. This reviewer would have used a different order for the book's plan: (1) philosophy, (2) the Christian view of man, (3) basic Christian ethics, (4) applications to (*a*) personal, and (*b*) social relations. But as to its comprehensiveness, irenic balance, and measured treatment of often debatable matters, there can be no real question about the book's quality. It will be in wide and continuing use in American education.

JOSEPH FLETCHER

•

Luther: Rudolf Thiel; translated by Gustav K. Wiencke; Muhlenberg Press, Philadelphia, 1955. 492 pp. $5.00.

This scholarly study of the life of Martin Luther is not concerned with

external events and familiar biographical details. A general knowledge of the German Reformer is assumed. What distinguishes this book from any others with the same title is its careful attention to the development of Luther's thought as it is illustrated in his writings. Travail of soul, profound personal experience, and hard-won conviction lie behind every deed of this towering figure. The outward tumult connected with Luther is the counterpart of unending inner struggle. The author holds no special position regarding his subject, but he allows Luther's written words to speak for themselves. At the end of this rather lengthy book the reader will know that for a while he has lived closely with a mighty Christian.

HENRY M. SHIRES

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Society and Medicine: Edited by Iago Galdston, M.D. International Universities Press, New York, 1955. 131 pp. $3.00.

This series in an established and distinguished program at the New York Academy of Medicine offers six lectures: the ecology of disease ("its local setting"), biology as a basis for ethics, the "natural history" of neurotic behavior (meaning the neurology and conditioning involved), the perennial problem of environment and heredity, recent shifts in concepts of child care, and one on the role of environment in sound nutrition. Professor Gerard, of Chicago, in his talk on ethics and biology hardly advances the discussion of S. J. Holmes' *Life and Morals*. Patrick Romanell's papers of recent years, and his long quotations without any references, are exasperating. None of the lecturers offers a new thesis or makes a contribution scientifically, of the kind that medical society meetings often hear; but all are of human interest, and illuminating to those who want to see medicine in its wider context of life and social circumstance.

JOSEPH FLETCHER

•

Methods in Personality Assessment: George G. Stern, Morris I. Stein, and Benjamin S. Bloom; The Free Press, Glencoe, Illinois, 1956. 271 pp. $6.00.

The authors of this volume assume that behavior is a function of the transactional relationships between the individual and his environment. With the presentation of this theoretical assumption, four assessment methodologies —analytical, empirical, synthetic, and configurational—are described and illustrated by concrete projects already completed.

A chapter describing the results of an analytic study of theological students is especially significant for theological school educators and administrators. The problem of determining as early as possible whether a student would make a successful minister is tackled and handled by sundry methods, all yielding excellent results.

The parish minister may find this book a bit difficult and of little concrete help. But the theological school educator, as well as the pastoral psychologist, will find a new approach to prediction and personality assessment. Undoubtedly, many theological schools would prosper if the authors' theories and methods were taken seriously enough to be put in project form.

ORLO STRUNK, JR.

OUR REVIEWERS

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CALL FOR BACK ISSUES

The following issues of the Journal of Pastoral Care are needed:

Vol. I, all issues (1947)
Vol. II, No. 1 (Spring 1948)
Vol. III, Nos. 3&4 (Fall-Winter 1949)
Vol. VII, No. 1 (Spring 1953)

If you have, or know of anyone who has, any of these issues to spare, please notify the Managing Editor, Dr. Luberta M. McCabe, 61 Lexington Avenue, Cambridge 3, Massachusetts.

We pay $1.00 per copy.

CURRENT PERIODICAL LITERATURE

EDITED BY THE REV. JOSEPH F. FLETCHER

"A Pastor's First Year of Counseling," by Samuel Southard, Th.D., *Religion in Life,* Autumn, 1956, Vol. XXV, No. 4, pp. 549-562.

Samuel Southard, Professor of Pastoral Care at the Institute of Religion of the Texas Medical Center, shares some general observations and tabulated results from his first year in an upper middle-class suburban parish. The influence exerted by the pastor's personality, the social structure, and the Church's make-up upon the types of problems presented by parishioners is discussed, and there is a systematic presentation of the problems. His general conclusion is that the first year's work comprises "the introductory chapter for a volume of experience in counseling." Its nature is introductory because (1) it is a time of laying the foundation of general visitations upon which secure pastoral relationships are built, the basis of all subsequent counseling, and (2) the problems presented leave the pastor "standing upon the threshold of deeper and more heart-rending difficulties." (Marital, family, and child problems comprise only 6 per cent of counseling, which veteran pastors say form the largest percentage.)

The high economic level meant a dearth of financial problems. The physically and emotionally distressed have easy access to family physicians and specialists. The pastor enters the picture often very late and as a second or third alternative. The suburban secular atmosphere was reflected in the standards held by parishioners. Questions of moral conduct were regarded as entirely private matters. Fathers showed devotion to their families by economic and professional endeavors, leaving little time for family life. When the question of church membership arose, the pastor's role was more positive, and the best opportunity was presented to learn more about the family structure.

Believing that "pastoral psychology should be a part of the total work of the minister and that pastoral counseling should begin in home visitations," 45.9 per cent of his calls were made in homes of well members, 24.02 per cent in homes or hospitals with the sick, only 16.2 per cent were office sessions, and 13.8 per cent were home visits to prospects. The 200 persons with whom he talked privately from fifteen minutes to one hour he groups as prospects (21 per cent), the growing (13 per cent), the faithful (10 per cent), the careless (5 per cent), the distressed (39 per cent), and the isolated (6 per cent). He concludes that one half of the church members had problems they were willing to share partially with the first-year pastor. Although with children the pastor in his first year lays a silent foundation, young people are looking for someone with whom they can counsel, and some of the most productive and deep level counseling is done with them concerning such problems as vocation, social ostracism, conflict of Christian with group standards, fear of psychotic episodes, emancipation from parents, depressions, or concern for a divorced parent. Young people are more willing than their elders to return for

further interviews, perhaps because they work harder during sessions and feel they get somewhere.

The bulk of those counseled were the distressed (39 per cent), less than 20 per cent of these being seen in hospitals. Twenty-three were physically ill, 19 emotionally ill, 11 bereaved, 11 aged and lonely, 9 presented husband-wife conflict, 2 were concerned with parent-child problems, and 2 were concerned with alcoholism. His concern for the mentally ill centered around the therapeutic entry into a hospital or diagnostic center, support during therapy, and aid in readjustment to home and community when illness subsided, the main pastoral work being with the family, interpreting events, reassuring them, preparing them. He points out the weaknesses of current training programs for pastoral care, which ill prepare the pastor to deal with the character neurosis and "neurotics," and marriage and family problems. In the realm of the physically ill, mainly dealing with circulatory diseases, he felt a lack of training in approaching these people although he was expected to be the expert, representing the ultimate realities of life and death as well as the temporal responsibility to live wisely.

Dr. Southard challenges experienced pastors to keep counseling records and put them into print. This article is an introduction to the analysis of the personal needs of a congregation and Dr. Southard hopes for more work in this field.

EDWARD TULIS

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"Crying at the Happy Ending," by Sandor S. Feldman, M.D., *Journal of the American Psychoanalytic Association,* July, 1956, Vol. IV, No. 3, pp. 477-485.

The author's thesis is: "There are no tears of joy, only tears of sorrow." In our culture, tears are usually shed as a result of physical and mental pain, grief, sentimental experiences, and at the happy ending of a tense or perilous situation. Crying in men is commonly considered weakness. Why, then, did a man cry when he expressed his gratitude to his psychiatrist at the happy ending of a long and painful analysis? Why did a tough and aggressive business man burst into tears when he observed in a movie hatred, hostility, and cruelty give way to love and brotherhood? The wife of an imperiled sea captain learned of his rescue and cried with joy. Why? Why do parents cry at their child's graduation or marriage? People cry at the receipt of praise or gifts, at reunions and reconciliations, at the sudden eruption of an emotion. Why?

Were the people in such circumstances really happy? Was the man who had completed the analysis full of joy? Of course. The question is whether he cried *because* he was happy or for some other reason which was stirred up *at the occasion* of the happy ending. The man's suppressed tears during the painful past and the analysis were released now that things had turned to good. Furthermore, the separation from one who "was so good" to him reminded him of other separations and this was painful. The tough and aggressive business man deep in his heart craved to love and be loved. When he saw love triumph over hostility, despite feeling happy that all turned out well, he was sad and cried because he felt himself to be the loser. Furthermore, the happy ending made him feel guilty for being so cruel in his business life. The im-

periled sea captain's wife was full of joy over his rescue. Three causes for tears are suggested: (1) one suppresses sadness as long as one worries about the fate of the loved one, as long as the hoped-for happy ending is delayed, but releases the sadness when all turns out well ("delay of affect"); (2) the happy ending reminds one of the lost happy past, or (3) of the kindness, love, and goodness that one could have exercised but did or does not. Parents at graduations are happy, but have through the years suppressed much worry over the future of the child, and, at the happy ending, release accumulated apprehensions through their tears. Parents of the bride are happy, but cry because they fear the loss of the child, or because they feel they can no longer protect her in her difficult and uncertain future. We cry when praised because of the praise we have *not* received in the past. The receipt of a gift may remind us of how little attention and love we received in the past. At reunions or reconciliations we may be reminded of the bitter past or false reconciliation (Jacob and Esau).

As children we cry out for aid and protection in distress and a physiological result is the secretion of tears. Suffering brings tears sometimes without the other accompanying actions. Shedding tears protects the endangered eye. The protection of the eyes for the purpose of self-preservation and libidinous gratification (looking and being looked at) seems to have become the model of protection for any kind of insecurity. Even happiness can be painful if too intense, and the tension must be removed. Dr. Feldman suggests that probably the attraction of opposing poles in thoughts and feelings is a fundamental characteristic of our mental behavior; ideas of life stirring up ideas of death and vice versa. Children do not cry at happy endings; they smile because they do not yet accept the fact of death. Crying at happy endings probably starts when death is accepted as an inevitable fact. Many events remind us of our lost happy childhood with its illusions, and we cry for the sad end, separation from loved ones. There are no tears of joy, only tears of sorrow.

EDWARD TULIS

NOTES AND COMMENTS

The Very Rev. Charles L. Taylor, Jr., Dean of the Episcopal Theological School, Cambridge, Massachusetts, has resigned in order to accept an appointment as the first full-time Executive Secretary of the American Association of Theological Schools. Dean Taylor was for several years also president of the Institute of Pastoral Care.

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A Private Holy Communion card, suitable for use with the sick and the shut-in, has been prepared by the Rev. Ralph C. Miller, 1015 Homan St., Houston 4, Texas. The service is based upon the rubrics of the Book of Common Prayer. Five cards will be sent postpaid for $1.00.

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The National Academy of Religion and Mental Health has published Volume I, No. 1 of the *Academy Reporter,* dedicated to a two-way flow of news and views between the Editors and the full Academy membership. Communications should be addressed to the Rev. George C. Anderson, Executive Secretary, 2 East 103rd Street, New York 29.

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The Yale University Summer School of Alcohol Studies announces its fifteenth annual session July 1-27, 1957. Lectures and seminars under the direction of specialists drawn from social sciences, medicine and psychiatry, religion, education, and public health will be held as well as workshops for physicians, caseworkers, psychologists, clergy, educators, probation, parole and correctional officers, personnel directors and supervisors in industry, and community leaders. For information write to the Registrar, 52 Hillhouse Avenue, New Haven, Connecticut.

CHANGE OF SUBSCRIPTION PRICE

As of July 1, 1957 the subscription price of this Journal will be $4.00 per year

Despite increased costs and mounting deficits, the subscription price of the *Journal* has been maintained at $3.00 per year, the original price. It is with reluctance, but also with a realistic view to the future of the *Journal,* that we announce this change in price.

The change will go into effect in this manner:

The present rate of $3.00 will apply to renewals of subscriptions expiring with the Spring 1957 and Summer 1957 issues. It will also apply to all new subscriptions received *before* July 1, 1957.

The new rate of $4.00 will apply to renewals of subscriptions expiring with the Fall 1957 issue and all expirations thereafter, as well as to all new subscriptions received *after* July 1, 1957.